



PART A: Complete sections 1 and 2 and submit to the College no later than 30 days before the proposed relocation date.

1. PHARMACY INFORMATION

Operating Name	Pharmacy Licence Number
Manager Name	Manager's Registration Number (BC)

CURRENT INFORMATION

Current Pharmacy Address	City	Province BC	Postal Code
Email Address	Phone Number	Fax Number	Expected Closing Date MMM DD YYYY

RELOCATION INFORMATION

New Pharmacy Address	City	Province BC	Postal Code
Email Address <input type="checkbox"/> No Change	Phone Number <input type="checkbox"/> No Change	Fax Number <input type="checkbox"/> No Change	Expected Opening Date MMM DD YYYY

2. APPLICANT (DIRECT OWNER) INFORMATION

Name of Authorized Representative	Position/Title of Authorized Representative		
Email Address	Phone Number	Fax Number	
Signature	Date MMM DD YYYY		

PART B: Complete section 3 below and submit the form to the College within 2 weeks upon closure of the previous location.

3. CONFIRMATION OF TRANSFER OF ITEMS FROM THE CLOSED LOCATION

I have transferred the following items from the old location to the new location on (transferred date): _____:

Prescription drugs (including controlled drug substances) Medical devices

Non-prescription drugs (including exempted codeine products) Patient medication records and prescription records

I have completed narcotic counts and reconciliations as per [PPP-65](#) when the old location closed.

I have provided photo(s) to confirm that all exterior signs and advertisements have been removed from the closed location.

Manager Name	Manager's Registration Number
Signature of Manager	Date MMM DD YYYY

The College collects personal information on this application form to process the application and administer the College's related activities. The collection of this information is authorized under section 26(c) of the *Freedom of Information and Protection of Privacy Act* (the Act). The College is authorized to use this information as per section 32(a) of the Act and may also disclose information in other circumstances when authorized by the Act or other legislation. Further information regarding the collection, use and disclosure of personal information can be found in the privacy policy posted on the College website: <https://www.bcpharmacists.org/privacy>. Should you have any questions about the collection, use or disclosure of this information, please contact our Privacy Officer at: privacy@bcpharmacists.org or 778-330-0969.



College of Pharmacists
of British Columbia

APPLICATION FOR CHANGE OF LOCATION

Form 8F

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4. PAYMENT INFORMATION

Operating Name
(Auto-populate)

Method of Payment: Cheque/Money order (*payable to College of Pharmacists of BC*) VISA MasterCard

Card Number

Expiry Date (MM/YY)

Application fee \$ 791.00

GST \$ 39.55

Total \$ 830.55

Cardholder Name

GST # R106953920

Cardholder Signature

All fees are non-refundable.

For office use ONLY

iMIS ID: _____ Finance stamp: _____

Lic initials: _____

Date to Finance: _____