

**PART A: Complete Part A and submit to the College no later than 30 days before the proposed relocation date.**

1. PHARMACY INFORMATION				
Operating Name		External Signage 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	Expected Licensure Date
			<input type="checkbox"/> No Change	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 Part B and submit to the College with photos no later than 14 days after the relocation date.**

3. CONFIRMATION OF TRANSFER OF ITEMS FROM THE OLD LOCATION					
<input type="checkbox"/> I have transferred the following items from the old location to the new location on (date): _____: <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Prescription drugs (including controlled drug substances)</td> <td><input type="checkbox"/> Medical devices (e.g. blood pressure monitors, blood glucose meters)</td> </tr> <tr> <td><input type="checkbox"/> Non-prescription drugs (including exempted codeine products)</td> <td><input type="checkbox"/> Patient medication records and prescription records</td> </tr> </table>		<input type="checkbox"/> Prescription drugs (including controlled drug substances)	<input type="checkbox"/> Medical devices (e.g. blood pressure monitors, blood glucose meters)	<input type="checkbox"/> Non-prescription drugs (including exempted codeine products)	<input type="checkbox"/> Patient medication records and prescription records
<input type="checkbox"/> Prescription drugs (including controlled drug substances)	<input type="checkbox"/> Medical devices (e.g. blood pressure monitors, blood glucose meters)				
<input type="checkbox"/> Non-prescription drugs (including exempted codeine products)	<input type="checkbox"/> Patient medication records and prescription records				
<input type="checkbox"/> I have completed narcotic counts and reconciliations as per <a href="#">PPP-65</a> when the old location closed.					
<input type="checkbox"/> I have provided photo(s) to confirm that all exterior signs and advertisements have been removed from the old 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.bcparmacists.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](mailto:privacy@bcpharmacists.org) or 604-733-2440.



**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)**

**Cardholder Name**

**Cardholder Signature**

Application fee	\$ 829.00
GST	\$ 41.45
<b>Total</b>	<b>\$ 870.45</b>
GST #	R106953920

\*Acceptable methods of payment are Visa or Mastercard credit cards (Visa or Mastercard debit cards and prepaid credit cards are not accepted)

**All fees are non-refundable.**

**For office use ONLY**

iMIS ID: \_\_\_\_\_ Finance stamp: \_\_\_\_\_

Lic initials: \_\_\_\_\_

Date to Finance: \_\_\_\_\_