



1. CURRENT PHARMACY INFORMATION			
Operating Name	External Signage Name	Pharmacy Licence Number	
Pharmacy Address	City	Province BC	Postal Code
Email Address	Phone Number	Fax Number	

2. MANAGER INFORMATION			
DEPARTING MANAGER			
Last Name	First Name	Registration Number (BC)	
NEW MANAGER			
Last Name	First Name	Registration Number (BC)	
Note: Pursuant to section 18(1) of the <i>PODSA Bylaws</i> , a full pharmacist may not act as manager of more than one community pharmacy location at the same time.		Effective Date of Change (MMM-DD-YYYY)	

3. ADDITIONAL INFORMATION FOR DIRECT OWNERS THAT ARE <u>NOT</u> CORPORATIONS (E.G. HOSPITALS)	
Is the departing manager also an authorized representative of the pharmacy and is departing from the role of authorized representative as well?	<input type="checkbox"/> Yes – Complete Form 13 <input type="checkbox"/> No

4. APPLICANT (DIRECT OWNER) INFORMATION	
Name of Authorized Representative	Position/Title of Authorized Representative
Email Address	Phone Number
Signature	Date MMM DD YYYY

The College of Pharmacists of BC ("College") collects, uses, discloses, stores, and retains personal information in compliance with the *Health Professions Act (HPA)*, the *Pharmacy Operations and Drug Scheduling Act (PODSA)*, and the *Freedom of Information and Protection of Privacy Act (FIPPA)*. The personal information you provide when completing and submitting this form is being collected and will be used by the College to carry out its mandate under the HPA in the public interest. The collection of this personal information is permitted under section 26(c) and (e) of *FIPPA*. If you have any questions or concerns about the College's privacy practices, please contact the College's Privacy Officer: privacy@bcpharmacists.org or 604.733.2440.