



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)
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NEW MANAGER

Last Name	First Name	Registration Number (BC)
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Note: Pursuant to section 18(1) of the *PODSA Bylaws*, 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 NOT 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?

Yes – Complete [Form 13](#)

No

4. APPLICANT (DIRECT OWNER) INFORMATION

Name of Authorized Representative	Position/Title of Authorized Representative	
Email Address	Phone Number	Fax Number
Signature	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.