College of Pharmacists of British Columbia

APPLICATION FOR CHANGE OF MANAGER

PODSA Form 8C

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	Licence Number (BC)

NEW MANAGER

Last Name	First Name	Licence Number (BC)
Note: 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**
Signature	**Date** MMM | DD | YYYY

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