



College of Pharmacists  
of British Columbia

# APPLICATION FOR CHANGE OF MANAGER

**Form 8C**

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## 1. CURRENT PHARMACY INFORMATION

Operating 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 must not act as manager of more than one community pharmacy 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 – Also 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	

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