



College of Pharmacists  
of British Columbia

# APPLICATION FOR NEW PHARMACY LICENCE

Hospital

**Form 1C**

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## 1. PHARMACY INFORMATION

<b>Proposed Operating Name</b>		<b>Proposed Licensure Date</b>	
		MMM	DD   YYYY
<b>Pharmacy Address</b>	<b>City</b>	<b>Province</b> BC	<b>Postal Code</b>
<b>Email Address</b>	<b>Phone Number (if known)</b>	<b>Fax Number (if known)</b>	
<b>PharmaNet Connection Required</b>			
<input type="checkbox"/> Inpatient (Read-only access to patient records with ability to update clinical information and adverse reactions)			
<input type="checkbox"/> Outpatient (PharmaCare adjudication of prescriptions and update of patient records)			
<input type="checkbox"/> Inpatient & Outpatient (Inpatient and outpatient dispensing using the same software)			
<b>Manager Name (if known)</b>		<b>Manager's Registration Number (BC)</b>	

## 2. DIRECT OWNER INFORMATION

<b>Hospital Pharmacy Name</b>			
<b>Hospital Address (if different from the pharmacy address)</b>	<b>City</b>	<b>Province</b> BC	<b>Postal Code</b>
<b>Health Authority/Organization</b>			
<input type="checkbox"/> Fraser Health <input type="checkbox"/> Interior Health <input type="checkbox"/> Island Health <input type="checkbox"/> Northern Health <input type="checkbox"/> Vancouver Coastal Health			
<input type="checkbox"/> Provincial Health Services Authority <input type="checkbox"/> First Nations Health Authority <input type="checkbox"/> Providence Healthcare			
<input type="checkbox"/> Other - Specify: _____			

## 3. PRIMARY CONTACT PERSON

<b>Name</b>	<b>Position/Title</b>		
<b>Email Address</b>	<b>Phone Number</b>	<b>Fax Number</b>	

## 4. APPLICANT (DIRECT OWNER) INFORMATION

<b>Name of Authorized Representative</b>	<b>Position/Title of Authorized Representative</b>		
<b>Email Address</b>	<b>Phone Number</b>	<b>Fax Number</b>	
<b>Signature</b>	<b>Date</b>		
	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 778-330-0969.



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## 5. PAYMENT INFORMATION

**Proposed 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	\$ 791.00
GST	\$ 39.55
<b>Total</b>	<b>\$ 830.55</b>
GST #	R106953920

**Note that the application fee does not include the annual licence fee. Payment information will be collected in phase 2 (pre-opening) of the new pharmacy licence application process. The annual licence fee will be charged upon issuance of the pharmacy licence.**

**All fees are non-refundable.**

**For office use ONLY**

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

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

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