



1. EDUCATION SITE INFORMATION			
Proposed Operating Name		Proposed Licensure Date MMM   DD   YYYY	
Pharmacy Address	City	Province BC	Postal Code
Email Address	Phone Number (if known)	Fax Number (if known)	
Manager Name (if known)		Manager's Registration Number (BC)	
Program Coordinator Name		Coordinator's Registration Number (BC)	

2. DIRECT OWNER INFORMATION			
Institution Name			
Institution Address (if different from the pharmacy address)	City	Province BC	Postal Code
Type of Ownership <input type="checkbox"/> Public Post-Secondary Educational Institution <input type="checkbox"/> Private Post-Secondary Educational Institution			
Program Offered <input type="checkbox"/> CCAPP Accredited Pharmacy Program (Pharmacists) <input type="checkbox"/> CCAPP Accredited Pharmacy Technician Program			

3. PRIMARY CONTACT PERSON INFORMATION		
Name	Position/Title	
Email Address	Phone Number	Fax Number

4. APPLICANT (DIRECT OWNER) INFORMATION		
Name of Authorized Representative	Position/Title of Authorized Representative	
Email Address	Phone Number	Fax Number
<input type="checkbox"/> I attest that this pharmacy education site 1) will not have controlled drug substances, 2) will be licensed solely for the purpose of pharmacy education, and 3) will not provide pharmacy services to any person.		
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](mailto:privacy@bcpharmacists.org) or 604.733.2440.



5. PAYMENT INFORMATION												
<b>Proposed Operating Name</b> (Auto-populate)												
<b>Method of Payment*</b> <input type="checkbox"/> Cheque/Money order (payable to College of Pharmacists of BC) <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard												
<b>Card Number</b>	<b>Expiry Date (MM/YY)</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">Application fee</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td style="text-align: right;">Initial licence fee</td> <td style="text-align: right;">\$ 953.00</td> </tr> <tr> <td style="text-align: right;">GST</td> <td style="text-align: right;">\$ 47.65</td> </tr> <tr> <td style="text-align: right;"><b>Total</b></td> <td style="text-align: right;"><b>\$ 1000.65</b></td> </tr> <tr> <td colspan="2" style="padding-top: 10px;">GST #                      R106953920</td> </tr> </table>	Application fee	\$0.00	Initial licence fee	\$ 953.00	GST	\$ 47.65	<b>Total</b>	<b>\$ 1000.65</b>	GST #                      R106953920	
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Initial licence fee	\$ 953.00											
GST	\$ 47.65											
<b>Total</b>	<b>\$ 1000.65</b>											
GST #                      R106953920												
<b>Cardholder Name</b>												
<b>Cardholder Signature</b>												

\*Acceptable methods of payment are Visa or Mastercard credit cards (Visa or Mastercard debit cards and prepaid credit cards are not accepted)

**All fees are non-refundable.**

<b><u>For office use ONLY</u></b>	
<u>iMIS ID:</u> _____	<u>Finance stamp:</u>
<u>Lic initials:</u> _____	
<u>Date to Finance:</u> _____	