



1. EDUCATION SITE INFORMATION			
Proposed Operating Name		Proposed Licensing 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 Licence Number (BC)	
Program Coordinator Name		Coordinator's Licence 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

4. APPLICANT (DIRECT OWNER) INFORMATION	
Name of Authorized Representative	Position/Title of Authorized Representative
Email Address	Phone 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 and Occupations Act (HPOA)*, 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 HPOA 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 or 604.733.2440.



5. PAYMENT INFORMATION											
Proposed Operating Name (Auto-populate)											
Method of Payment* <input type="checkbox"/> Cheque/Money order (payable to College of Pharmacists of BC) <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard											
Card Number	Expiry Date (MM/YY)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Application fee</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>Initial licence fee</td> <td style="text-align: right;">\$ 568.00</td> </tr> <tr> <td style="padding-left: 20px;">GST</td> <td style="text-align: right;">\$ 28.40</td> </tr> <tr> <td style="padding-left: 20px;">Total</td> <td style="text-align: right;">\$ 596.40</td> </tr> </table>		Application fee	\$0.00	Initial licence fee	\$ 568.00	GST	\$ 28.40	Total	\$ 596.40
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Initial licence fee	\$ 568.00										
GST	\$ 28.40										
Total	\$ 596.40										
Cardholder Name		GST #									
Cardholder Signature		R106953920									

*Visa or Mastercard debit cards and prepaid credit cards are not accepted.

All fees are non-refundable.

For office use ONLY						
<table style="width: 100%;"> <tr> <td style="width: 60%;">iMIS ID: _____</td> <td style="width: 40%;">Finance stamp: _____</td> </tr> <tr> <td colspan="2">Lic initials: _____</td> </tr> <tr> <td colspan="2">Date to Finance: _____</td> </tr> </table>	iMIS ID: _____	Finance stamp: _____	Lic initials: _____		Date to Finance: _____	
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