



College of Pharmacists
of British Columbia

APPLICATION FOR NEW PHARMACY LICENCE
Pharmacy Education Site

Form 1F
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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

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 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.bcpharmacists.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 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)

Application fee	\$0.00
Initial licence fee	\$ 791.00
GST	\$ 39.55
Total	\$ 830.55
	R106953920
GST #	

Cardholder Name

Cardholder Signature

All fees are non-refundable.

For office use ONLY

iMIS ID: _____ Finance stamp: _____

Lic initials: _____

Date to Finance: _____