



College of Pharmacists
of British Columbia

APPLICATION FOR NEW TELEPHARMACY LICENCE

Community

Form 1B

Page 1 of 3

1. TELEPHARMACY INFORMATION

Proposed Operating Name	Proposed Name on External Signage	Proposed Licensure Date	
		MMM	DD YYYY
Telepharmacy Address	City	Province BC	Postal Code
Email Address	Phone Number (if known)	Fax Number (if known)	
Website	Pharmacy Technician (R.Ph.T.) Name	R.Ph.T. Registration Number (BC)	
NEXT CLOSEST COMMUNITY PHARMACY/TELEPHARMACY			
Pharmacy Name		City	
Approximate Distance from Proposed Telepharmacy Location (KM):			

2. DIRECT OWNER INFORMATION

Type of Ownership

Corporation: Non-Publicly Traded OR Publicly Traded
 "Name of Company" on BC incorporation documents: _____
 BC Incorporation Number: _____ Incorporation Date: _____

Sole Proprietorship (Single pharmacist, unincorporated)
 Pharmacist's legal name: (First name) _____ (Last name) _____ Registration number (BC): _____
 Registered business name (if applicable): _____

Partnership of Pharmacists (≥2 pharmacists, unincorporated): Total number of partners: _____
 Each pharmacist's full legal name and registration number (BC): _____
 Registered business name (if applicable): _____

Other – Specify: _____

3. CENTRAL PHARMACY INFORMATION

Operating Name	Pharmacy Licence Number	
Central Pharmacy Address	City	Province BC
		Postal Code
Email Address	Phone Number	Fax Number
Manager Name	Manager's Registration Number (BC)	
DIRECT OWNER INFORMATION		
Name of Company on BC Incorporation Documents	BC Incorporation Number	



College of Pharmacists
of British Columbia

APPLICATION FOR NEW TELEPHARMACY LICENCE

Community

Form 1B

Page 2 of 3

4. PRIMARY CONTACT PERSON

Name	Position/Title	
Email Address	Phone Number	Fax Number

5. APPLICANT (DIRECT OWNER) INFORMATION

Name of Authorized Representative	Position/Title of Authorized Representative	
Email Address	Phone Number	Fax Number
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.



College of Pharmacists
of British Columbia

APPLICATION FOR NEW TELEPHARMACY LICENCE Community

Form 1B
Page 3 of 3

6. PAYMENT INFORMATION			
Telepharmacy Proposed Operating Name (Auto-populate)		Central Pharmacy Operating Name (Auto-populate)	
Method of Payment: <input type="checkbox"/> Cheque/Money order (<i>payable to College of Pharmacists of BC</i>) <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard			
Card Number	Expiry Date (MM/YY)	Application fee	\$ 791.00
		GST	\$ 39.55
		Total	\$ 830.55
Cardholder Name		GST #	R106953920
Cardholder Signature			

Note that the application fee does not include the annual licence fee. Payment information will be collected in the pre-opening of the new telepharmacy licence application process. The annual licence fee must be paid before issuance of the telepharmacy licence.

All fees are non-refundable.

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