



College of Pharmacists  
of British Columbia

# APPLICATION FOR PHARMACY CLOSURE

PODSA Form 4A

Page 1 of 1

**PART A: Complete Part A and submit a copy to the College no later than 30 days before the closure date (i.e. date the premises is no longer licensed) or by the deadline specified by the College.**

## 1. INFORMATION OF CLOSING PHARMACY

Operating Name		External Signage Name		Pharmacy Licence Number	
Pharmacy Address			City	Province BC	Postal Code
Email Address	Phone Number	Fax Number		Closure Date MMM   DD   YYYY	
Reason for Closure: <input type="checkbox"/> Permanent closure <input type="checkbox"/> Pharmacy licence cancelled <input type="checkbox"/> Pharmacy licence expired					

## PHARMACY MANAGER

Will you be returning any drugs to the manufacturer/wholesaler prior to the closure date?

No, I will transfer all the drugs to the receiving pharmacy named below.

Yes, I will provide the College with the documents described in section 18(2)(ee)(iii) of the [PODSA Bylaws](#) on/before the closure date.

I have read and understand my duties and responsibilities for closing my pharmacy as described in section 18(2)(ee) of the [PODSA Bylaws](#) and [PPP-65](#).

Manager Name	Registration Number	Signature	Date MMM   DD   YYYY
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## DIRECT OWNER

I have read and understand my duties and responsibilities for closing my pharmacy as described in section 17.1(1) of the [PODSA Bylaws](#).

Name of Authorized Representative (AR)	Signature	Date MMM   DD   YYYY
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## 2. INFORMATION OF RECEIVING PHARMACY\*

Operating Name		Pharmacy Licence Number	
Pharmacy Address		City	Province BC
Email Address	Phone Number	Manager Name	

Items that will be transferred to the receiving pharmacy

Prescription drugs (including controlled drug substances)  Medical devices (e.g. blood pressure monitors, blood glucose meters)

Non-prescription drugs (including exempted codeine products)  Patient medication records and prescription records

\*If more than one receiving pharmacy is involved, complete a separate form for each receiving pharmacy to indicate the items that will be transferred to the receiving pharmacy.  
\*If any items will be transferred to a secure storage facility instead of a pharmacy, complete a separate form to indicate the items and provide information about the secure storage facility.

**Part B: The receiving pharmacy must complete Part B and submit a copy to the College no later than 14 days after receipt of the items.**

## 3. CONFIRMATION OF RECEIPT OF ITEMS FROM THE CLOSING PHARMACY

I have received all the items checked above on (date): \_\_\_\_\_.

Manager Name	Registration Number	Signature	Date MMM   DD   YYYY
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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.