



College of Pharmacists  
of British Columbia

# APPLICATION FOR PHARMACY LICENCE REINSTATEMENT

Hospital

**Form 3C**

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## 1. PHARMACY INFORMATION

<b>Operating Name</b>	<b>Pharmacy Licence Expiry</b>	<b>Pharmacy Licence Number</b>	
<b>Pharmacy Address</b>	<b>City</b>	<b>Province</b> BC	<b>Postal Code</b>
<b>Email Address</b>	<b>Phone Number</b>	<b>Fax Number</b>	
<b>Manager Name</b>			<b>Manager's Registration Number (BC)</b>

## 2. DIRECT OWNER INFORMATION

<b>Hospital Name</b>			
<b>Hospital Address (if different from the pharmacy address)</b>	<b>City</b>	<b>Province</b> BC	<b>Postal Code</b>
<b>Health Authority/Organization</b>			
<input type="checkbox"/> Fraser Health <input type="checkbox"/> Interior Health <input type="checkbox"/> Island Health <input type="checkbox"/> Northern Health <input type="checkbox"/> Vancouver Coastal Health <input type="checkbox"/> Provincial Health Services Authority <input type="checkbox"/> First Nations Health Authority <input type="checkbox"/> Providence Healthcare <input type="checkbox"/> Other - Specify: _____			

## 3. APPLICANT (DIRECT OWNER) INFORMATION

<b>Name of Authorized Representative</b>	<b>Position/Title of Authorized Representative</b>		
<b>Email Address</b>	<b>Phone Number</b>	<b>Fax Number</b>	
<b>Signature</b>	<b>Date</b>		
	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](mailto:privacy@bcpharmacists.org) or 778-330-0969.



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## 4. PAYMENT INFORMATION

**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)**

Reinstatement fee                    \$ 791.00

Licence fee                            \$ 2474.00

GST                                        \$ 163.25

**Total**                                    **\$ 3428.25**

**Cardholder Name**

GST #

**Cardholder Signature**

R106953920

All fees are non-refundable.

**For office use ONLY**

iMIS ID: \_\_\_\_\_ Finance stamp:

Lic initials: \_\_\_\_\_

Date to Finance: \_\_\_\_\_