



College of Pharmacists  
of British Columbia

# APPLICATION FOR PHARMACY LICENCE REINSTATEMENT

Pharmacy Education Site

**Form 3F**

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## 1. EDUCATION SITE INFORMATION

<b>Operating Name</b>	<b>Pharmacy Licence Expiry</b>	<b>Pharmacy Licence Number</b>	
<b>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>Institution Name</b>			
<b>Institution Address (if different from the pharmacy address)</b>	<b>City</b>	<b>Province</b> BC	<b>Postal Code</b>
<b>Type of Ownership</b> <input type="checkbox"/> Public Post-Secondary Education Institution <input type="checkbox"/> Private Post-Secondary Education Institution			

## 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 \$ 791.00

GST \$ 79.10

**Total \$ 1661.10**

**Cardholder Name**

**Cardholder Signature**

GST # R106953920

All fees are non-refundable.

**For office use ONLY**

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

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

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