College of Pharmacists of British Columbia

MANAGER/DIRECT OWNER/INDIRECT OWNER - PROOF OF ELIGIBILITY

PODSA FORM 5

The pharmacy manager and each direct/indirect owner applying/renewing for a pharmacy licence must complete this form. A new pharmacy manager or new direct/indirect owner must also complete this form as part of a change application. Only one form is required per person per pharmacy (if you have multiple roles).

1. PHARMACY INFORMATION

[Proposed] Operating Name	**Pharmacy Licence Number (if known)**

Your Relationship to the Pharmacy (Select all that apply):

- ☐ Current Pharmacy Manager
- ☐ Proposed Pharmacy Manager
- ☐ Current Indirect Owner[?] – Director/Officer/Shareholder of a Corporation (Subsidiary/Parent)
- ☐ Proposed Indirect Owner[?] – Director/Officer/Shareholder of a Corporation (Subsidiary/Parent)
- ☐ Current Direct Owner[?] –Sole Proprietor (Single pharmacy professional, unincorporated)
- ☐ Proposed Direct Owner[?] – Sole Proprietor (Single pharmacy professional, unincorporated)
- ☐ Current Direct Owner[?] – Partnership of Pharmacy Professionals (≥2 pharmacy professionals, unincorporated)
- ☐ Proposed Direct Owner[?] – Partnership of Pharmacy Professionals (≥2 pharmacy professionals, unincorporated)

[?] Click on the link for more information

2. PERSONAL INFORMATION

☐ Dr ☐ Mr ☐ Ms ☐ Mrs ☐ Miss	**Last Name**	**Date of Birth** MMM | DD | YYYY	
First Name	**Middle Name**	**Preferred Name (if any)**	
Address ☐ Home ☐ Work	**City**	**Province**	**Postal Code**
Country	**Email Address**	**Phone Number**	

Professional Licence Class

Are/were you a **Pharmacist** or **Pharmacy Technician** registered in BC, another province, or a foreign jurisdiction within the previous 6 years?

☐ Yes – Complete sections 3, 4 and 5 on the next page.

☐ No – Provide the following information and complete sections 4 and 5 on the next page (skip Section 3)

a) If you have a CPBC eServices ID, enter here: _____

b) Identification document

i) Type of government issued ID (select any **one** of the following):

- ☐ Canadian citizenship card/certificate
- ☐ BC Identification Card
- ☐ Passport
  Country issued: _____
- ☐ Canadian driver's licence
  Province issued: _____

ii) Document number of the selected document above: _____

3. ATTESTATION FOR PHARMACISTS AND PHARMACY TECHNICIANS ONLY

Professional Licence Information – within the previous 6 years:

I am/was a: ☐ Pharmacist ☐ Pharmacy Technician

Licensed/Registered in: ☐ BC ☐ Other province: _____ ☐ Foreign jurisdiction: _____

Professional Licence/ Number: _____

I attest that, within the previous 6 years:

☐	I have never been suspended nor has my professional licence been cancelled by the College of Pharmacists of British Columbia, or by a body, in another province or in a foreign jurisdiction, that regulates the practice of pharmacy in that other province or foreign jurisdiction.
☐	No limits or conditions have been imposed on my practice of pharmacy as a result of disciplinary action taken by the College of Pharmacists of British Columbia's Discipline Committee, or by a body, in another province or in a foreign jurisdiction, that regulates the practice of pharmacy in that other province or foreign jurisdiction.

NOTE: If you are unable to attest to any of the above statements, your pharmacy application will be referred to the College's Application Committee for review. The Application Committee may request additional information.

4. ATTESTATION

I attest that:

☐	I am not authorized by an enactment to prescribe drugs, except as permitted under the Pharmacy Operations General Regulation[2].
☐	I am not subject to a limitation imposed by the College's discipline committee that precludes me from being a direct owner, an indirect owner, or a manager.
☐	I have never been the subject of an order or a conviction for an information or billing contravention.

I also attest that, within the previous 6 years:

☐	I have not been convicted of an offence prescribed under section 45(1)(a)(ii) of the *Pharmaceutical Services Act*.
☐	I have not been convicted of an offence under the *Criminal Code* (Canada).
☐	I have not had a judgment entered against me in a court proceeding related to commercial or business activities that occurred in relation to the provision of drugs or devices, or substances or related services.

NOTE: If you are unable to attest to any of the above statements, your pharmacy application will be referred to the College's Application Committee for review. The Application Committee may request additional information.

5. DECLARATION

☐	I understand that I must comply with all applicable duties imposed under the *Pharmacy Operations and Drug Scheduling Act (PODSA)*, the *Health Professions and Occupations Act*, the regulations and the bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts and any subsequent amendments.
☐	I declare the facts set out herein to be true.

Applicant Name (Print)	**Applicant Signature**	**Date**

The collection of personal information by the College of Pharmacists of BC ("CPBC") is permitted under sections 26(a), (c) and (e) of the Freedom of Information and Protection of Privacy Act, section 41 of the Health Professions and Occupations Act (HPOA), section 21(1)(c.1) and (d.1) of the Pharmacy Operations and Drug Scheduling Act (PODSA), and the bylaws of CPBC made under the HPOA and PODSA. Your personal information is being collected and will be used by CPBC to carry out its mandates under the HPOA and/or PODSA in the public interest. If you have any questions or concerns about this collection, please contact CPBC's Privacy Officer at 604-733-2440 or privacy@bcpharmacists.org.