College of Pharmacists of British Columbia

MANAGER/DIRECT OWNER/INDIRECT OWNER - NOTICE OF INELIGIBILITY

PODSA Form 6

1. INFORMATION OF THE PERSON WHO DOES NOT MEET THE ELIGIBILITY CRITERIA IN SECTION 3 OF THE ACT

☐ Dr ☐ Mr ☐ Ms ☐ Mrs ☐ Miss	**Last Name**	**eServices ID/Licence Number (if known)**
First Name	**Middle Name**	**Preferred Name (if any)**

Name of Affiliated Organization: ☐ Pharmacy Operating Name ☐ Corporation Name or Name of Direct Owner

Relationship between the Person and the Organization (Select all that apply):

☐ Current Pharmacy Manager

☐ Proposed Pharmacy Manager

☐ Current Indirect Owner[2] – Director/Officer/Shareholder of a Corporation (Subsidiary/Parent)

☐ Proposed Indirect Owner[2] – Director/Officer/Shareholder of a Corporation (Subsidiary/Parent)

☐ Current Direct Owner[2] –Sole Proprietor (Single pharmacy professional, unincorporated)

☐ Proposed Direct Owner[2] – Sole Proprietor (Single pharmacy professional, unincorporated)

☐ Current Direct Owner[2] – Partnership of pharmacy professionals (≥2 pharmacy professionals, unincorporated)

☐ Proposed Direct Owner[2] – Partnership of pharmacy professionals (≥2 pharmacy professionals, unincorporated)

2. ADDITIONAL INFORMATION RELATED TO THE PERSON NAMED ABOVE

Matter related to a(n):

- ☐ Order or conviction **FOR/UNDER**:
  - ☐ Information contravention
  - ☐ Billing contravention
  - ☐ Section 45(1)(a)(ii) of the *Pharmaceutical Services Act*
  - ☐ *Criminal Code* (Canada)
  - ☐ Other – Specify: _____
- ☐ Suspension or cancellation of licence as a pharmacy technician or pharmacist;
- ☐ Limits or conditions being imposed on (select one):
  - ☐ Practice of pharmacy
  - ☐ Being a direct owner, indirect owner, or a manager of a pharmacy
- ☐ Judgement issued 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 device
- ☐ Other – Specify: _____

Description of the events that resulted in the matter above.	
Date/period the above events occurred.	

Name of the entity/court/governing body that: • Issued the order or conviction • Suspended/cancelled billing privileges or licence as a pharmacist or pharmacy technician; OR • Imposed limits or conditions	
Date (or period, when specified) of: • Order or conviction; • Suspension (period) or cancellation of billing privileges or licence as a pharmacist or pharmacy technician; OR • Limits or conditions being imposed	
Disposition of charge including details of penalty-imposed (e.g. fine, imprisonment, limits and conditions imposed).	
Extenuating circumstances you wish to be taken into account for this pharmacy application.	
Other	

*Attach a separate sheet if you need more space

☐ **Without limiting the foregoing, I consent to the College using and disclosing information (including my personal information) collected or created by the College's Investigation Committee or Discipline Tribunal with the College's Application Committee as the College considers necessary for the purpose of processing an application under the *Pharmacy Operations and Drug Scheduling Act.***

3. INFORMATION OF THE PERSON WHO COMPLETED THIS FORM

Name	**Signature**	**Date** MMM | DD | YYYY
Email	**Phone Number**	
Relationship to the Pharmacy: ☐ Current Direct/Indirect Owner ☐ Current Pharmacy Manager ☐ Other: _____ ☐ Proposed Direct/Indirect Owner ☐ Proposed Pharmacy Manager		

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.