



College of Pharmacists  
of British Columbia

# MANAGER/DIRECT OWNER/INDIRECT OWNER - NOTICE OF INELIGIBILITY

PODSA Form 6

Page 1 of 2

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

<input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss	Last Name	eServices ID/Registration Number (if known)
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First Name	Middle Name	Informal Name (if any)
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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):

<input type="checkbox"/> Current Pharmacy Manager	<input type="checkbox"/> Current Indirect Owner <sup>2</sup> – Director/Officer/Shareholder of a Corporation (Subsidiary/Parent)	<input type="checkbox"/> Current Direct Owner <sup>2</sup> – Sole Proprietor (Single pharmacist, unincorporated)	<input type="checkbox"/> Current Direct Owner <sup>2</sup> – Pharmacist Partner (≥2 pharmacists, unincorporated)
<input type="checkbox"/> Proposed Pharmacy Manager	<input type="checkbox"/> Proposed Indirect Owner <sup>2</sup> – Director/Officer/Shareholder of a Corporation (Subsidiary/Parent)	<input type="checkbox"/> Proposed Direct Owner <sup>2</sup> – Sole Proprietor (Single pharmacist, unincorporated)	<input type="checkbox"/> Proposed Direct Owner <sup>2</sup> – Pharmacist Partner (≥2 pharmacists, 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 registration 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.	
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Date/period the above events occurred.	
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Page 2 of 2

<b>Name of the entity/court/governing body that:</b> <ul style="list-style-type: none"> <li>• Issued the order or conviction</li> <li>• Suspended/cancelled billing privileges or registration as a pharmacist or pharmacy technician; OR</li> <li>• Imposed limits or conditions</li> </ul>	
<b>Date (or period, when specified) of:</b> <ul style="list-style-type: none"> <li>• Order or conviction;</li> <li>• Suspension (period) or cancellation of billing privileges or registration as a pharmacist or pharmacy technician; OR</li> <li>• Limits or conditions being imposed</li> </ul>	
<b>Disposition of charge including details of penalty-imposed (e.g. fine, imprisonment, limits and conditions imposed).</b>	
<b>Extenuating circumstances you wish to be taken into account for this pharmacy application.</b>	
<b>Other</b>	

\*Attach a separate sheet if you need more space

I understand that I may have to provide additional information if requested by the Application Committee, the Discipline Committee, or the Inquiry Committee, within the time requested.

3. INFORMATION OF THE PERSON WHO COMPLETED THIS FORM		
Name	Signature	Date MMM   DD   YYYY
Email	Phone Number	Fax Number
<b>Relationship to the Pharmacy:</b> <input type="checkbox"/> Current Direct/Indirect Owner <input type="checkbox"/> Current Pharmacy Manager <input type="checkbox"/> Other: _____ <input type="checkbox"/> Proposed Direct/Indirect Owner <input type="checkbox"/> Proposed Pharmacy Manager		

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.