College of Pharmacists of British Columbia

PHARMACY LICENSING - MULTIPLE PHARMACIES

L-Form 9

List all pharmacies affected by the change. Make a copy of this page if more space is needed.

1. LIST OF ALL PHARMACIES		
Operating Name	**Store #/Identifier (if applicable)**	**Pharmacy Licence Number**
Operating Name	**Store #/Identifier (if applicable)**	**Pharmacy Licence Number**
Operating Name	**Store #/Identifier (if applicable)**	**Pharmacy Licence Number**
Operating Name	**Store #/Identifier (if applicable)**	**Pharmacy Licence Number**
Operating Name	**Store #/Identifier (if applicable)**	**Pharmacy Licence Number**
Operating Name	**Store #/Identifier (if applicable)**	**Pharmacy Licence Number**
Operating Name	**Store #/Identifier (if applicable)**	**Pharmacy Licence Number**
Operating Name	**Store #/Identifier (if applicable)**	**Pharmacy Licence Number**
Operating Name	**Store #/Identifier (if applicable)**	**Pharmacy Licence Number**
Operating Name	**Store #/Identifier (if applicable)**	**Pharmacy Licence Number**
Operating Name	**Store #/Identifier (if applicable)**	**Pharmacy Licence Number**
Operating Name	**Store #/Identifier (if applicable)**	**Pharmacy Licence Number**
Operating Name	**Store #/Identifier (if applicable)**	**Pharmacy Licence Number**
Operating Name	**Store #/Identifier (if applicable)**	**Pharmacy Licence Number**
Operating Name	**Store #/Identifier (if applicable)**	**Pharmacy Licence Number**
Operating Name	**Store #/Identifier (if applicable)**	**Pharmacy Licence Number**
Operating Name	**Store #/Identifier (if applicable)**	**Pharmacy Licence Number**
Operating Name	**Store #/Identifier (if applicable)**	**Pharmacy Licence Number**
Operating Name	**Store #/Identifier (if applicable)**	**Pharmacy Licence Number**
Operating Name	**Store #/Identifier (if applicable)**	**Pharmacy Licence Number**
Operating Name	**Store #/Identifier (if applicable)**	**Pharmacy Licence Number**
Operating Name	**Store #/Identifier (if applicable)**	**Pharmacy Licence Number**
Operating Name	**Store #/Identifier (if applicable)**	**Pharmacy Licence Number**

The College of Pharmacists of BC ("College") collects, uses, discloses, stores, and retains personal information in compliance with the Health Professions and Occupations Act (HPOA), the Pharmacy Operations and Drug Scheduling Act (PODSA), and the Freedom of Information and Protection of Privacy Act (FIPPA). The personal information you provide when completing and submitting this form is being collected and will be used by the College to carry out its mandate under the HPOA in the public interest. The collection of this personal information is permitted under section 26(c) and (e) of FIPPA. If you have any questions or concerns about the College's privacy practices, please contact the College's Privacy Officer: privacy@bcpharmacists.org or 604.733.2440