



1. CURRENT PHARMACY INFORMATION			
Operating Name	External Signage Name	Pharmacy Licence Number	
Pharmacy Address	City	Province BC	Postal Code
Email Address	Phone Number	Fax Number	
Manager Name		Manager's Registration Number (BC)	

2. RENOVATION INFORMATION	
<b>PharmaNet Router</b> <input type="checkbox"/> No change <input type="checkbox"/> Moving/disconnection required – Distance of router move: _____	<b>Proposed Completion Date</b>  MMM   DD   YYYY
<b>Areas Affected by Renovation (select all that apply)</b> <input type="checkbox"/> External to the Dispensary (up to 25 feet from the dispensary) – Specify: _____ <input type="checkbox"/> Lock-and-Leave: <input type="checkbox"/> add <input type="checkbox"/> remove <input type="checkbox"/> Dispensary area – Specify: _____ <input type="checkbox"/> Other area(s) on the premises – Specify: _____	
<b>Compounding Services Provided</b> <input type="checkbox"/> Non-Sterile Preparation <input type="checkbox"/> Sterile, Non-Hazardous <input type="checkbox"/> Sterile, Hazardous <input type="checkbox"/> N/A	

3. ADDITIONAL INFORMATION	
<b>As a result of this change (layout):</b>	
a) Will the <b>direct owner</b> be changed at the same time?	<input type="checkbox"/> Yes – Complete <a href="#">Form 8A</a> <input type="checkbox"/> No
b) Will the <b>indirect owner(s)</b> be changed at the same time?	<input type="checkbox"/> Yes – Complete <a href="#">Form 8B</a> <input type="checkbox"/> No
c) Will the <b>manager</b> be changed at the same time?	<input type="checkbox"/> Yes – Complete <a href="#">Form 8C</a> <input type="checkbox"/> No
d) Will the <b>pharmacy operating name</b> or <b>external signage name</b> be changed at the same time?	<input type="checkbox"/> Yes – Complete <a href="#">Form 8E</a> <input type="checkbox"/> No

4. APPLICANT (DIRECT OWNER) INFORMATION	
Name of Authorized Representative	Position/Title of Authorized Representative
Email Address	Phone Number
Signature	Date MMM   DD   YYYY

The College of Pharmacists of BC ("College") collects, uses, discloses, stores, and retains personal information in compliance with the *Health Professions Act (HPA)*, 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 HPA 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](mailto:privacy@bcpharmacists.org) or 604.733.2440.