



APPLICATION FOR TELEPHARMACY LICENCE REINSTATEMENT

Community

Form 3B

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College of Pharmacists
of British Columbia

1. TELEPHARMACY INFORMATION			
Operating Name		Telepharmacy Licence Number	
Telepharmacy Address	City	Province BC	Postal Code
Email Address	Phone Number	Fax Number	
Website	Pharmacy Technician Name	R.Ph.T. Registration Number (BC)	
DIRECT OWNER INFORMATION			
Name of Company on Incorporation Documents		BC Incorporation Number	

2. CENTRAL PHARMACY INFORMATION			
Operating Name		Pharmacy Licence Number	
Central Pharmacy Address	City	Province BC	Postal Code
Email Address	Phone Number	Fax Number	
Manager Name		Manager's Registration Number (BC)	
DIRECT OWNER INFORMATION			
Name of Company on Incorporation Documents		BC Incorporation Number	

3. APPLICANT INFORMATION	
Name of Authorized Representative	Position/Title of Authorized Representative
Signature	Date MMM DD YYYY

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 or 778-330-0969.



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4. PAYMENT INFORMATION			
Telepharmacy (Remote Site) Operating Name (Auto-populate)		Central Pharmacy Operating Name (Auto-populate)	
Method of Payment: <input type="checkbox"/> Cheque/Money order (payable to College of Pharmacists of BC) <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard			
Card Number		Expiry Date (MM/YY)	Reinstatement fee \$ 791.00 Licence fee \$ 2474.00 GST \$ 163.25 Total \$ 3428.25
Cardholder Name			GST # R106953920
Cardholder Signature			

<u>For office use ONLY</u>	
iMIS ID: _____	Finance stamp: _____
Lic initials: _____	
Date to Finance: _____	