



**PART A: CLOSURE: Complete Part A and submit a copy to the College as soon as possible.**

**1. INFORMATION OF PHARMACY**

Operating Name		External Signage Name		Pharmacy Licence Number	
Pharmacy Address			City	Province BC	Postal Code
Email Address			Phone Number	Fax Number	
Suspension Start Date  MMM   DD   YYYY		Duration of Suspension: <input type="checkbox"/> _____ Days <b>or</b> End date (MMM/DD/YYYY): _____ <input type="checkbox"/> Indefinite <input type="checkbox"/> Until investigation is complete/until further notice from the College			

**PHARMACY MANAGER**

I understand that the pharmacy named above cannot be open to the public nor operate during the time of suspension.  
 I have read and understand my duties and responsibilities before and during the period when the pharmacy is suspended as required by the College's Inquiry Committee or Discipline Committee, and/or in section 18(3) of the [PODSA Bylaws](#).

Manager Name	Registration Number	Signature	Date  MMM   DD   YYYY
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**DIRECT OWNER**

I have read and understand my duties and responsibilities before and during the period when the pharmacy is suspended as required by the College's Inquiry Committee or Discipline Committee, and/or in section 18(3) of the [PODSA Bylaws](#).

Name of Authorized Representative (AR)	Signature	Date  MMM   DD   YYYY
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**PART B: REOPENING - Complete Part B and submit a copy to the College no later than 14 days from the reopening date.**

**Note: Your pharmacy will not be listed as an active licensed pharmacy on the College website until the College approves this Part of the form.**

**2. CONFIRMATION OF PHARMACY REOPENING**

Operating Name		Pharmacy Licence Number	Anticipated Reopening Date  MMM   DD   YYYY
Manager Name	Registration 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.