



COMMITTEE MEMBER VOLUNTEER APPLICATION FORM

Thank you for your interest in becoming a committee member with the College of Pharmacists of British Columbia (CPBC). Please complete this application form and provide an up-to-date resume in PDF format and email it to volunteers@bcpharmacists.org. If you have any questions about serving on committees, please contact the College by phone: 604.733.2440 or 800.663.1940 or email: volunteers@bcpharmacists.org.

PRIVACY STATEMENT

CPBC collects, uses, discloses, stores, and retains personal information in compliance with the Health Professions Act (HPA) and the Freedom of Information and Protection of Privacy Act (FIPPA).

The personal information you provide in this application form is being collected and will be used by CPBC staff and the board for the purpose of reviewing your qualifications and suitability as a potential committee member. If you are appointed to a committee, your personal information may also be used or disclosed in CPBC publications for transparency and accountability purposes. The collection of this personal information is permitted under section 26(c) and (e) of FIPPA. The personal information you provide when completing this application form may be disclosed by CPBC to others, but only in accordance with the consent to disclose that you give by submitting this application form (see further below) or as otherwise authorized or required by law.

If you have any questions or concerns about CPBC's privacy practices, please contact the CPBC Privacy Officer (privacy@bcpharmacists.org or 604.733.2440).

APPLICANT INFORMATION

Public Member

Pharmacist

Pharmacy Technician

Name

Last Name (Surname)

First Name

Other Name(s)

Address

CPBC

Registration # * _____

Tel (home) _____

Tel (work) _____

City

Province

Postal code

Country

Email _____

**if applicable*

Please provide your education credential(s)

Please provide your professional designation(s)



Which committee(s) are you interested in serving on?

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Application | <input type="checkbox"/> Audit and Finance | <input type="checkbox"/> Discipline | <input type="checkbox"/> Ethics Advisory |
| <input type="checkbox"/> Inquiry | <input type="checkbox"/> Jurisprudence Examination | <input type="checkbox"/> Pharmacy Advisory | |
| <input type="checkbox"/> Practice Review | <input type="checkbox"/> Prescribing and Drug Administration | <input type="checkbox"/> Quality Assurance | |
| <input type="checkbox"/> Registration | | | |

COMMITMENT TO ENDING INDIGENOUS SPECIFIC & OTHER FORMS OF RACISM AND ENSURING DIVERSITY, EQUITY AND INCLUSION IN OUR WORK

CPBC is committed to constituting committees with members of the public and registrants who have diverse experience, backgrounds and perspectives.

We are seeking more diversity on our committees including BC First Nations and Indigenous peoples and members from racialized and marginalized groups. These voices are essential to ensure that deliberations are informed, that decisions include and respect First Nations' and Indigenous protocols and perspectives, that systemic biases are identified and questioned, and that CPBC's collective work continues to grow in its cultural safety and humility journey, contributing to dismantling systemic racism in health care.

YOUR EXPERIENCE

Have you served on a CPBC committee?

- No Yes (*please list the committees and the years*)

Have you served on any committees outside of CPBC?

- No Yes (*please list the committees and the years*)

Please describe why you are interested in joining a CPBC committee:



Please describe how you can make a valuable contribution to the CPBC committee(s) you are interested in. What specific experience, skills, and perspectives do you bring that will enhance the work of the committee (for example understanding of self-regulation, specialized practice, remote practice, financial or legal experience):

Please provide any other information you feel we should have:

CONSENT TO DISCLOSE INFORMATION

By completing and submitting this application form, you are providing the College of Pharmacists of British Columbia your consent to disclose to the public, the board, committee members, college staff and college advisors, for the purposes described in this application form or a consistent purpose, the following personal information collected about you in this application or otherwise: name; contact information; region in which you live or practise; registrant class(es) and number, if applicable; committee/board service or experience; employment history; and education credentials. Your consent for this disclosure is effective on and from the date you submit this application.

- By checking this box, I confirm that I have read and understand the privacy notice and consent to the disclosure of my personal information as described above.**
- By checking this box, I confirm I wish to be considered as a potential committee member with the College of Pharmacists of British Columbia.**
- By checking this box, I confirm I am electronically signing this application form.**

Applicant Signature _____ Date _____

Please email this form to and provide an up-to-date resume in PDF format to College of Pharmacists of BC.

Email: volunteers@bcpharmacists.org