



## COMMITTEE MEMBER VOLUNTEER APPLICATION FORM

Thank you for your interest in becoming a committee member with the College of Pharmacists of BC. Please complete this application form and provide an up-to-date resume in PDF format and email it to [volunteers@bcpharmacists.org](mailto:volunteers@bcpharmacists.org). Should you have questions, contact the College by phone: 604.733.2440 or 800.663.1940 or email: [volunteers@bcpharmacists.org](mailto:volunteers@bcpharmacists.org).

### Applicant Information

Ms     Mrs     Miss     Mr     Dr

Name

\_\_\_\_\_  
*Last Name (Surname)*

\_\_\_\_\_  
*First Name*

\_\_\_\_\_  
*Other name(s)*

Address

\_\_\_\_\_

Registration #

\_\_\_\_\_

\_\_\_\_\_

Tel (*home*)

\_\_\_\_\_

\_\_\_\_\_

Tel (*work*)

\_\_\_\_\_

*City*

*Province*

\_\_\_\_\_

\_\_\_\_\_

Email

\_\_\_\_\_

### Which committee(s) would you like to become a member of?

- Application       Ethics Advisory       Pharmacy Advisory       Quality Assurance
- Discipline       Inquiry       Practice Review       Registration
- Drug Administration       Jurisprudence  
Examination

For more information about committees and about serving on them as a volunteer, visit the College website at <http://www.bcpharmacists.org/committees>

**Tell us about yourself and why you think you would be a good committee member.**



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The College considers a number of factors including expertise, experience, practice setting, demographic representation, and other special skills or attributes when selecting volunteers. Unfortunately, we are not always able to match the number of interested volunteers to the number of available vacancies.

1. Have you ever been subject to an investigation or a referral to a disciplinary hearing by the Inquiry Committee of the College of Pharmacists of British Columbia?

Yes  
No

2. Have you ever been subject to an investigation or disciplinary action by another college established under the *Health Professions Act* or a body in another province or a foreign jurisdiction that regulates a health profession in that province or foreign jurisdiction?

Yes  
No

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Please email this form and provide an up-to-date resume in PDF format to:  
College of Pharmacists of BC  
Email: [volunteers@bcpharmacists.org](mailto:volunteers@bcpharmacists.org)