



COMMITTEE PUBLIC MEMBER VOLUNTEER APPLICATION FORM

A number of committees and subcommittees assist the College to meet its legislated mandate to protect the public by ensuring practitioners have the knowledge, skills and abilities to provide safe and effective pharmacy care. The College committees are primarily made up of pharmacists and pharmacy technicians, however, public representation is required, and also valued, to ensure transparency and to bring a wider range of knowledge and skills to enhance the effectiveness of each committee.

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. Should you have questions, contact the College by phone: 604.733.2440 or 800.663.1940 or email: volunteers@bcpharmacists.org.

Applicant Information

Ms Mrs Miss Mr Dr

Name

Last Name (Surname)

First Name

Other name(s)

Address

Tel (*home*)

City

Province

Tel (*work*)

Postal Code

Country

Email

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

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

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

Please tell us about yourself and describe why you think you would be a good committee member. Specifically, please share how your areas of expertise, skills and/or interests are a good fit as it relates to the specific committee you are interesting in joining.



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The College considers a number of factors including educational and professional background, length of experience in your field, demographic representation, previous board or committee experience, or 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.

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