



**DAY 1: SEPTEMBER 20, 2012**

**Present:**

Doug Kipp, Chair, District 4 Board Member  
Beverley Harris, Vice-Chair, District 2 Board Member  
Agnes Fridl Poljak, District 1 Board Member  
Blair Tymchuk, District 3 Board Member  
Robert Crague, District 5 Board Member  
John Hope, District 6 Board Member  
Jerry Casanova, District 7 Board Member  
Onnolee Osbourne, District 8 Board Member  
Penny Denton, Board Member  
Kris Gustavson, Board Member  
Jeff Slater, Board Member

**Regrets:**

John Scholtens, Board Member

**Staff (at various times):**

Bob Nakagawa, Registrar  
Suzanne Solven, Deputy Registrar  
Cameron Egli, Director – Hospital Pharmacy Practice and Technology  
Doreen Leong, Director – Community Pharmacy Practice and Registration  
Mykle Ludvigsen, Director – Public Accountability and Engagement  
Chris Smith, Administrative Assistant – Practice Reviews and Competency  
Mike Stonefield, Chief Operating Officer – Office Operations and Business  
Lori Tanaka, Administrative Assistant – Public Accountability and Engagement  
Jana Anderson, Executive Assistant – Registrar (Minute-Taker)

**Invited Guests:**

Michael Obrecht, President, Intelligence Flows

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**Vision:** As the medication experts, registrants are professionals who apply their full knowledge, skills and abilities to achieve the best possible healthcare results through patient-centered care.

**Mission:** *To protect the public by ensuring that College registrants provide safe and effective pharmacy care to help people achieve better health.*

**Our Values:**

- Interactions will be handled ethically with respect and dignity while ensuring confidentiality.
- Integrity, honesty, accountability, transparency and responsiveness in all that we do.
- A culture of collaboration, learning and openness to change.



**1. WELCOME AND CALL TO ORDER**

Chair Kipp called the meeting to order at 1:07 pm.

**2. AGENDA**

**2.1 Confirmation of Agenda**

**It was MOVED (Hope) and SECONDED (Casanova) that:**

The College of Pharmacists of BC Board approve the Agenda for the September 20-21, 2012 Board Meeting with amendment to:

- add new Item 4.3, "Receiving Reports in Advance" following Item 4.2, Registrar's Report; and
- renumber the remaining Agenda items accordingly.

**CARRIED**

**2.2 Board Evaluation Form Feedback**

Feedback from the June 15, 2012 Board Evaluation Form was provided for information.

**3. APPROVAL OF MINUTES**

**3.1 Approval of the June 15, 2012 Board Minutes.**

Chair Kipp led the meeting in a review of the June 15, 2012 Board meeting minutes.

*Action (01): Staff were requested to add to future Board meeting agendas an Item titled: "Business Arising from the Minutes".*

**It was MOVED (Hope) and SECONDED (Slater) that:**

The College of Pharmacists of BC Board approve the June 15, 2012 Board Meeting Minutes as presented.

**CARRIED**

**3.2 Approval of the July 17, 2012 (Teleconference) Board Minutes.**

**It was MOVED (Denton) and SECONDED (Harris) that:**

The College of Pharmacists of BC Board approve the July 17, 2012 Board (Teleconference) Meeting Minutes as presented.

**CARRIED**

**4. BOARD GOVERNANCE AND DEVELOPMENT**

**4.1 Chair's Report**

Chair Kipp provided an update report on activities. He advised that during the summer, British Columbia Premier Christy Clark visited District 4 and a dinner with her was held in Radium, BC. Issues of concern were raised with the Premier including the removal of tobacco products and loyalty points. A copy of the correspondence sent to and received



from Premier Clark with respect to these concerns had been provided in the Board Briefing package for information.

Chair Kipp reported that in early September letters of congratulations were sent to the new BC Minister of Health Margaret MacDiarmid and the Minister of State for Seniors, Ralph Sultan. The Chair then expressed appreciation to College staff for their ongoing efforts to improve communications and he thanked Board members for their participation in the Bylaws review.

#### **4.2 Registrar's Report**

Bob Nakagawa, Registrar, welcomed Board members and reported on the following:

- The hiring process of the College's Chief Operating Officer and Executive Assistant to the Registrar.
- Attendance at meetings in Prince George with Robert Craigie to discuss issues facing the profession and community in that area.
- Meetings with the Joint Venture as well as with Registrars of the College of Physicians and Surgeons and Dentists and nurses to discuss common issues, concerns and exchange information on solutions.
- Meetings with the Health Regulatory Organizations and others under the HPA to discuss how to most efficiently deal with the issues of interpretation and disparities between the different Colleges.
- Attendance at a Tri-Provincial Executive meeting with Suzanne Solven, Deputy Registrar, on September 16, 2012 at which common issues were also discussed.
- Attending the opening of the new Faculty of Pharmaceutical Sciences at UBC.
- Following up on issues raised at Board meetings with respect to resolutions for the AGM, identifying options and consistent processes to ensure the College followed up on the resolutions, and creating venues for registrants to have input into the College.
- The deadline for bringing forward resolutions for the AGM had expired and no resolutions were presented.
- Efforts by Mykle Ludvigsen, the College's Director of Public Accountability and Engagement to create venues for College registrants to have input into the College
- Board elections underway and deadlines of October 17, 2012 for the ballots. The election tally has been set for October 19, 2012.
- The Registrar's requirements under legislation to provide scrutineers for the election and the agreement of Frank Archer and Trevor Watson to act as scrutineers.
- The terms of the government appointments, Penny Denton and John Scholtens to the Board are expiring October 1, 2012. The College expected the Minister to provide a decision on these appointments in the near future.
- Preparations underway for the development of the budget for the next fiscal as well as the November 2012 AGM and Board meetings.
- A review of the reporting process to the Board underway to improve efficiencies.

During the update, the Registrar welcomed and introduced Mike Stonefield the new Chief Operating Officer (COO) and he provided an overview of his background experience. He noted that the COO was looking forward to supporting the Board and creating new operating efficiencies. Registrar Nakagawa introduced Jana Anderson as the new Executive Assistant to the Registrar. An overview of her experience was also provided. The



Board then joined the Registrar in acknowledging and thanking Kitty Chiu for her support and assistance as the Interim Executive Assistant.

In general discussion, support was expressed for the suggestion that the College develop common and consistent messages for the Board to use when speaking with the public and political representatives.

**Action (02):** *The Board Chair was requested to send a letter to the Honourable Michael de Jong acknowledging his appointment as the new BC Finance Minister.*

With respect to a question on quorum for the Annual General Meeting, Registrar Nakagawa advised quorum was based on physical attendance. Virtual attendance (teleconference, video-conferencing) could not be used to calculate quorum.

#### **Agenda Varied**

As per the motion under Item 2.1, the Agenda was varied to consider new Item 4.3 at this time.

#### **4.3 Reports in Advance**

**Action (03):** *It was requested that future Board Briefing packages include an outline of key topics for both the Chair and Registrar Reports.*

#### **Health Break**

The meeting recessed at 1:38 p.m. and resumed at 1:57 p.m.

#### **4.4 Presentation: "PDAP 101"**

Registrar Nakagawa extended apologies on behalf of Ashifa Keshavji, Director, Practice Reviews and Competency, who was unable to attend the meeting. He then welcomed and introduced Chris Smith, Administrative Assistant, to provide the "PDAP 101" presentation.

Board members were asked and consented to recording of the presentation including Board feedback and comments for Ms. Keshavji.

Chris Smith, Administrative Assistant, Practice Reviews and Competency, provided a PowerPoint presentation titled, "Professional Development and Assessment Program (PDAP)", which discussed program accountabilities; the two required components of PDAP; CE component timeline; Assessment component timeline; current status of CE-Plus and Knowledge Assessment (KA) tools; KA results (March-June); and challenges.

General discussion ensued during which Board members offered comments on:

- the cut score of the KA results and what constituted a pass or fail;
- a suggestion to review the success of examinations by age category;
- the importance of protecting the public and acknowledging the public wants some level of acknowledgment and accountability.

In response to questions raised, the Board was informed:

- Director of Practice Reviews and Competency would follow up with the Board on:
  - the responses received from the survey during the exams;



- the reasons for 10 years between registrants being required to write a KA exam;
- how many registrants were identified to complete PDAP through the Inquiry process.

**4.5 Presentation: “Information Discussion Session on the Professional Development and Assessment Program”**

Michael Obrecht, President, Intelligence Flows, provided a PowerPoint presentation titled, “Professional Development and Assessment Information and Discussion Session” (*Appendix 1*), which discussed: mandate for evaluation team; existing evaluative reports; continuing education and assessment; 2010 recommendations; subsequently (2011); and current program issues.

Michael Obrecht noted that he would send a short questionnaire to Board members seeking feedback and comments on what should be communicated and explored further.

**Action (04):** *Michael Obrecht, President, Intelligence Flows, to circulate to Board members a short questionnaire seeking feedback and comments on what should be communicated and explore further with respect to PDAP.*

Chair Kipp thanked Mr. Obrecht for his presentation to the Board.

**4:02 p.m.**

Adjourn to In-Camera

The College of Pharmacists Board adjourned to an in-camera session.

**4:27 p.m.**

Regular Meeting Re-Convened

The College of Pharmacists Board reconvened the regular meeting. No motions came out of the Board’s in-camera session.

**ADJOURNMENT**

The College of Pharmacists of British Columbia Board Meeting scheduled September 20-21, 2012 adjourned on Day 1, September 20, 2012 at 4:27pm. and set a time to reconvene September 21, 2012 at 9:00 a.m.



**DAY 2: SEPTEMBER 21, 2012**

**Present:**

Doug Kipp, Chair, District 4 Board Member  
Beverley Harris, Vice-Chair, District 2 Board Member  
Agnes Fridl Poljak, District 1 Board Member  
Blair Tymchuk, District 3 Board Member  
Robert Crague, District 5 Board Member  
John Hope, District 6 Board Member (arrived 9:42 a.m.)  
Jerry Casanova, District 7 Board Member  
Onnolee Osbourne, District 8 Board Member  
Penny Denton, Board Member  
Kris Gustavson, Board Member  
John Scholtens, Board Member  
Jeff Slater, Board Member

**Regrets:**

None

**Staff (at various times):**

Bob Nakagawa, Registrar  
Cameron Egli, Director – Hospital Pharmacy Practice and Technology  
Doreen Leong, Director – Community Pharmacy Practice and Registration  
Mykle Ludvigsen, Director – Public Accountability and Engagement  
Chris Smith, Administrative Assistant – Practice Reviews and Competency  
Mike Stonefield, Chief Operating Officer – Office Operations and Business  
Lori Tanaka, Administrative Assistant – Public Accountability and Engagement

**Invited Guests:**

Lindsay Kislock, Assistant Deputy Minister, Health Sector Information  
Management and Information Technology, BC Ministry of Health  
Glenda MacDonald, Director, Faculty of Pharmaceutical Sciences, UBC  
Paul Sacilotto, Integra Strategic Solutions Inc.  
Barbara Walman, Assistant Deputy Minister, Pharmaceutical Services, BC  
Ministry of Health

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<b>WELCOME AND CALL TO ORDER</b>
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Chair Kipp reconvened the meeting at 9:07 a.m.



#### 4. BOARD GOVERNANCE AND DEVELOPMENT (CONT'D)

##### 4.6 Presentation: "PharmaNet & the CPBC"

Cam Egli, Director, Hospital Pharmacy Practice and Technology, provided a PowerPoint presentation titled, "PharmaNet and the CPBC", which discussed: history of PharmaNet; overview of the system design; snapshot of PharmaNet; and CPBC's current role related to PharmaNet.

##### 4.7 Presentation: "PharmaNet Modernization Project"

Registrar Nakagawa welcomed and introduced Assistant Deputy Ministers Walman and Kislock to the meeting. Chair Kipp led the meeting in a roundtable of introductions.

Barbara Walman, Assistant Deputy Minister (ADM), Pharmaceutical Services, BC Ministry of Health, explained the PharmaNet Modernization Project had cost \$60 million over a six year time frame and was an important deliverable for the Ministry of Health. Through consultation, the Ministry found there was significant interest in the project and as such, they were working on developing a pilot project.

#### 9:42 a.m.

John Hope arrived at the meeting.

Lindsay Kislock, ADM, Health Sector Information Management and Information Technology, BC Ministry of Health, commented on the changes occurring in health, noting she was pleased to be part of the transition. She commented that the PharmaNet program was the envy of other programs across the country and it was bringing more functionality to e-Health. Future goals included building on the process established by leveraging the assets, involving and engaging citizens and delivering functionality.

Assistant Deputy Ministers Walman and Kislock jointly reviewed the presentation titled, "PharmaNet Modernization Project: Update to CPBC Board", which discussed: the background (project vision and scope); PharmaNet within the Electronic Health Record (EHR) context; PharmaNet new services (pharmacy and medical practice); stakeholder engagements; early adopter deployment; communications approach; benefit evaluation; release 2 PharmaNet infrastructure upgrade and key milestones.

Registrar Nakagawa extended a reminder of the College of Pharmacists support and engagement in the PharmaNet project from the outset and he thanked Assistant Deputy Ministers Walman and Kislock for their presentation on the PharmaNet Modernization project.

#### Health Break

The meeting recessed at 10:19 a.m. and resumed at 10:37 a.m.

##### 4.8 Strategic Plan Summary

Paul Sacilotto, Integra Strategic Solutions Inc., provided an overhead presentation titled, "Strategic Plan – Year 5", which discussed: Strategic Plan 2008-13 (vision, mission, values and core responsibilities); 2011-12 Goals & Objectives; overview of the June 2012



Board direction; 2012-13 Goals and Objectives; key milestone reporting. An overview of the objectives, milestones and target dates for Goals 1 through 4 was then provided. Board members were encouraged to provide feedback on the milestones identified for the goals and objectives. Mr. Sacilotto reviewed components of the 2013-18 Strategic Planning process.

In discussion, the following comments were offered:

- ensure congruence between pharmacists and pharmacy technicians in Objective 1 throughout;
- change the target date of Objective 1, Goal 3 to November, 2012;
- suggestions that:
  - the Board package include a snapshot of the goals and objectives completed under the strategic plan;
  - a full communication strategy/plan would be beneficial to develop and consider especially when discussing communication components;
  - it would be beneficial for the Board for the College to include on the CPBC website links to national pharmacy initiatives/events;
  - having a blueprint of pharmacy (environmental scan) would be useful.

**Action (05):** *The Board requested that the target date of Objective 1, Goal 3 in the Strategic Plan be amended to reflect November, 2012.*

Registrar Nakagawa confirmed that regular updates on the strategic plan would be integrated into Board meeting agendas in the future and the results of the environmental scan would be provided to Board members in the spring of 2013. A strategic planning session for the Board was being planned for June, 2013 and those discussions would be important toward developing the 2013-2018 Strategic Plan.

#### 4.9 Financials

##### (a) Financial Statements

Mike Stonefield, COO, reviewed the distributed financial statements. He advised that revenues were slightly ahead of the budget forecast and operations were under budget. Operational activities were currently under budget due to delays that occurred while waiting for the new Registrar to join the College. A full comparison of the budget and operations would be presented at the November 16, 2012 Board meeting. The segregation of roles within the finance group was currently being refined.

In discussion, Board members expressed support for the new reporting format, including the addition of “notes” to the financial statements. Following a request by a Board member for a further breakdown of the expenses, the meeting was informed this would be provided at the next Board meeting as part of the “notes” to the financial statements.

**Action (06):** *The Chief Operating Officer was requested to provide the Board with a 5 Year Comparison of financials at the November 16, 2012 Board meeting.*

In response to questions, the Board was informed that a one year (annual) budget with updated projections for expenses would be presented at the November 16, 2012 meeting.





There was a significant variance with respect to complaints resolution and this would be considered during development of the next fiscal budget.

**(b) Audit Committee Report**

Mike Stonefield reported that the Audit Committee met on September 20, 2012 and discussed HST/GST collection and input tax credits claimed. Following a thorough review, the Audit Committee recommended to the Board that the current GST/HST collection model be maintained.

The Audit Committee also received a report on the option to increase the CPBC square footage entitlement through the Joint Venture. Following a thorough review and discussion, the Audit Committee recommended the CPBC increase the space it occupies only when this was consistent with other operational demands.

**It was MOVED (Slater) and SECONDED (Craigie) that:**

The College of Pharmacists of BC Board accept the GST/HST and input tax credits recommendations as presented by the Audit Committee.

**CARRIED**

**4.10 Board Committees**

**(a) Committee Appointments**

Registrar Nakagawa referred the meeting to the distributed briefing report which identified staff recommendations for committee appointments. Further to the June, 2012 Board meeting approval of Board Committee appointments, vacancies were outstanding pending recruitment of individuals for those positions. The Board Chair and Vice-Chair received and reviewed the recommendations with the Registrar prior to presentation to the Board for approval. All appointments had also been pre-circulated to the Board.

In response to queries, the Board was informed the rationale for two pharmacy technicians on the QAC was to ensure technician perspectives were considered and tools were developed to support them. The Board was also advised there a vacancy on the QAC for a public member; the terms of appointment to the Discipline Committee were staggered; and there was a mechanism in place with respect to attendance by committee members.

***Action (08):*** *The Registrar was requested to follow up with the Director of Practice Reviews and Competency to discuss concern with respect to a QAC member who had missed a meeting and ensure their continued interest in remaining on the committee.*

**It was MOVED (Hope) and SECONDED (Denton) that:**

The College of Pharmacists of BC Board approve the following Committee appointments and terms:

- Quality Assurance Committee:
  - Michael Higashi (pharmacy technician) – April 30, 2013
  - Karen Callaway (pharmacy technician) – April 30, 2014.

**CARRIED**



**It was MOVED (Hope) and SECONDED (Casanova) that:**

The College of Pharmacists of BC Board approve the following Committee appointments and terms:

- CE-Plus Subcommittee:
  - Jody-Lynn Penner (pharmacy technician) – April 30, 2014
- Discipline Committee:
  - James Ellsworth (public) – April 30, 2013
  - Carol Williams (public) – April 30, 2014
- Inquiry Committee:
  - George Kamensek (public) – April 30, 2014
  - Errol Povah (public) – April 30, 2013
- Registration Committee:
  - Joy Sisson (public) – April 30, 2014
  - Nathan Roeters (public) – April 30, 2013
- Residential Care Advisory Committee:
  - Rapinder Chahal (pharmacy technician) – April 30, 2014.

**CARRIED**

**Health Break**

The meeting recessed at 11:57 a.m. and resumed at 12:50 p.m.

**4.11 Presentation: “UBC Continuing Pharmacy Professional Development Update”**

Glenda MacDonald, Director, Faculty of Pharmaceutical Sciences, UBC, provided a presentation titled, “UBC Continuing Pharmacy Professional Development Annual Board Update”, which discussed: the mission statement and guiding principles; CPPD strategic direction and objectives; the CPPD team; alignment with CPBC strategic goals; highlights of the 2011-2012 activities aligned to CPBC Goals; and plans for 2012-2012 activities.

**4.12 Volunteer of the Year**

Bob Nakagawa, Registrar, noted that each year College employees were canvassed to identify individuals who had been outstanding with respect to volunteering their time and expertise to the College initiatives. He advised that College employees recommended Wayne Chen be recognized for his exceptional contributions.

In discussion, Board directors expressed support for establishing criteria to follow for nominating candidates for Volunteer of the Year Award.

**It was MOVED (Harris) and SECONDED (Craigie) that:**

The College of Pharmacists of BC Board approve Wayne Chen as the recipient of the Volunteer of the Year Award.

**CARRIED**



## 5. STRATEGIC AND POLICY MATTERS

### 5.1 Quality Assurance

#### 5.1.1 Legislation/Standards

##### a) Bylaw Revisions – General

Further to the complete draft bylaw review on Thursday September 20, 2012, led by Suzanne Solven, Deputy Registrar, Doreen Leong, Director, Community Pharmacy Practice and Registration, provided an overview of the next steps in the Bylaw revision process as follows:

- September 20, 2012 – Board members and Board Committee Chair/Vice Chairs to provide an opportunity to ask questions and seek clarity prior to the formal Board meeting on September 21, 2012;
- September 21, 2012 - Board to approve draft bylaws for 90 day public posting
- January 2013 – College and Ministry of Health staff review comments received from public posting; any revisions made as necessary
- February 2013 – “final” bylaws approved at Board meeting
- February 2013 – bylaws are filed with the Ministry
- May 2013 – bylaws come into effect unless disapproved.

Ms. Leong led the meeting in a review of additional proposed general bylaw revisions that arose from the Thursday September 20, 2012 session.

In response to questions, the Board was informed:

- the proposed revisions would have newly elected Board members starting at the end of the AGM; the Board would have a meeting immediately following the AGM to elect the Board Chair and Vice-Chair and set meeting dates;
- one-third public representation was required for Board membership;
- following the election results, any vacancies due to election or appointment process on committees would need to be addressed.

#### **It was MOVED and SECONDED that:**

The College of Pharmacists of BC Board approve as presented the draft “Bylaws v.2010.1 (draft) 2012-09-20” for 90-day public posting.

**CARRIED**

##### b) Bylaw Revisions – Injection Authorization for Students

*Provided in the distributed Agenda Briefing package:*

- HPA Bylaws
- HPA Bylaws, Schedule F, Part 4
- HPA Bylaws, Schedule 3
- *College of Pharmacists of British Columbia, Policy Governance Portfolio, Committee Terms of Reference, Injection Drug Administration Committee*

Ms. Leong led the meeting in a review of the finalized HPA Bylaws and Schedules, noting that Board input from the September 20, 2012 meeting had been added. The HPA Bylaws to permit pharmacy students to administer injections was posted for public comments for a 30 day period ending August 24, 2012. The College and the Ministry of Health did not receive any comments to the revised bylaws. The bylaws



would be submitted to the Ministry of Health and following the required 60 day filing period they would become law.

**It was MOVED (Hope) and SECONDED (Casanova) that:**

The College of Pharmacists of BC Board approve the resolution package to amend the bylaws of the College of Pharmacists of British Columbia as follows:

RESOLUTION OF THE BOARD OF THE COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA MADE THE TWENTY-FIRST DAY OF SEPTEMBER 2012, AT VANCOUVER, BRITISH COLUMBIA.

**RESOLVED THAT**, in accordance with the authority established in section 19(1) of the *Health Professions Act*, and subject to filing with the Minister as required by section 19(3) of the *Health Professions Act*, the Board amend the bylaws of the College of Pharmacists of British Columbia, as set out in the schedule attached to this resolution.

**CARRIED**

**It was MOVED (Craigue) and SECONDED (Hope) that:**

The College of Pharmacists of BC Board approve the revised Terms of Reference for the Injection Drug Administration Committee with amendment to the title to remove “Adminstration” and replace with “Administration”.

**CARRIED**

**5.2 Communication Strategy Presentation: “New Directions for College Communications”**

Mykle Ludvigsen, Director, Public Accountability and Engagement, reviewed a presentation titled, “New Directions for College Communications” which discussed existing communications vehicles; the concept of a new publication journal; advertising considerations; and costs associated with ReadLinks and a new journal.

In response to questions, Mr. Ludvigsen confirmed:

- a new publication could have more uptake and pharmacy products would be interested in advertising;
- standard publications were 60% content and 40% revenue; however this breakdown could be changed through Board direction;
- the costs presented included a third party publisher and editorial support was built into the model.

Registrar Nakagawa confirmed Board direction was sought on whether to continue with the current communication tools or proceed with a new publication. He noted that as identified in the presentation, it had been proposed that the new publication would be revenue neutral.

**a) Visual Identity**

Mr. Ludvigsen continued the presentation, discussing the visual identity of the College. He then displayed various logos similar to that of CPBC, and he expressed



support for ensuring the visual identity reflected the vision and mission of the College.

Registrar Nakagawa noted Board input and direction was sought on whether to revise the visual identity of CPBC to incorporate the Coat of Arms. If approved, a formal presentation on costs and process for implementing and incorporating the Arms would be presented at a future Board meeting.

In discussion, Board members expressed support for having a budget attached to changing the visual identity of the College.

**It was MOVED (Casanova) and SECONDED (Hope) that:**

The College of Pharmacists Board hereby approves moving forward with the request to the Canadian Crown for the granting of Arms to the College of Pharmacists of British Columbia.

**CARRIED**

**b) New Publication**

Board members thanked Mykle Ludvigsen for his efforts in providing options for a new publication.

**It was MOVED and SECONDED that:**

The College of Pharmacists Board approve the replacement of the College's current publication, ReadLinks, with the adoption of a quarterly, 32-page, color journal as the flagship publication for the College.

**DEFEATED**

**c) Public Awareness Campaign**

In discussion, it was noted that the BC Pharmacy Association had withdrawn their involvement with the approved campaign.

**It was MOVED (Hope) and SECONDED (Gustavson) that:**

The College of Pharmacists of BC Board approve the termination of the previously approved public awareness campaign in conjunction with the BC Pharmacy Association and reallocate the remaining \$40,000 budget into other strategic communications priorities.

**CARRIED**

**5.3 Quality Assurance**

Registrar Nakagawa confirmed the following Agenda items had been provided for information to the Board:

- 5.3 Quality Assurance:
  - o 5.3.1, PDAP;
  - o 5.3.2, Complaints Resolution;
  - o 5.3.3, Pharmacy Services Review;
  - o 5.3.4, Registration
- 5.4, Pharmacists Advanced Professional Practice:
  - o 5.4.1, Adapting Prescriptions;



- 5.4.2, Administering Injections;
- 5.4.3, Advanced Practice Pharmacist;
- 5.5, Pharmacy Technician Regulation;
- 5.6 Removal of Tobacco
- 5.7, Technology Framework; and
- 5.8, Emerging Technologies.

The Board was welcomed to provide comment or seek clarification on any items presented.

### **5.3.1 PDAP**

#### **Main Motion**

#### **It was MOVED (Craigue) and SECONDED (Harris) that:**

That all British Columbia pharmacists will no longer be required to take the KA exam unless identified by the inquiry Committee or the discipline committee or the inspection process as needing assessment.

#### **Motion to Table**

#### **It was MOVED (Denton) that:**

The motion be tabled to a future meeting.

**DEFEATED**

General discussion ensued on the motion. Support was expressed for establishing a process whereby Board members present proposed motions to be considered well in advance of meetings to allow for a more fulsome discussion.

**Question** was then called on the Main Motion as presented and it was

**DEFEATED**

**3:08 p.m.**

Kris Gustavson departed the meeting.

<b>6. CONSENT ITEMS</b>
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#### **6.1 Approval of September 20-21, 2012 Board Highlights Headlines**

Mykle Ludvigsen, Director, Public Accountability and Engagement, presented the Board with the Board Highlights headlines for approval.

#### **It was MOVED and SECONDED that:**

The College of Pharmacists of BC Board approves the Board Highlights headlines for September 20-21, 2012 as presented.

**CARRIED**



**7. EVALUATION**

**7.1 Evaluation form**

Board meeting evaluation forms were distributed to Board members and completed forms were collected by the Board Chair.

**8. ADJOURNMENT**

The College of Pharmacists of British Columbia Board Meeting scheduled September 20-21, 2012 concluded on Day 2, September 21, 2012 at 3:08 pm.





## Mandate for the Evaluation Team

- Assess quality of existing evaluative reports
- Report on programming in other jurisdictions
- Advise on relationship between assessment and professional development
- Deliver a program evaluation report

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Findings

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## Existing Evaluative Reports

- Extensive surveying, 2005 to 2009
- Databases were not effectively linked
- Statistical significance had not been examined
- Did not address all issues

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## Programming Elsewhere

- College was advanced in terms of assessment
- Lagging in terms of continuing professional development
- (More on other programming later)

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## Continuing Education and Assessment

- The Continuing Education-Plus Pilot provided useful information for professional development programming
- Continuing Education programs do not substitute for assessment

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## 2010 Recommendations

- Strengthen continuing professional development
- Consider three assessment tools
- Develop a communications strategy

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## Subsequently (2011)

- A framework for program monitoring and evaluation
  - Ongoing performance indicators
  - Future program evaluation questions

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## Current Program Issues

1. Identifying at-risk pharmacists
2. Approaches to remediation
3. Community and hospital pharmacy practice
4. Programming in other jurisdictions

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## Questions?

Any questions about the program evaluation before we proceed to current issues?

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## Issue One

Identifying pharmacists at risk  
for unsafe or ineffective  
practice

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## Terminology is Critical

“At risk for unsafe practice”  
does not mean  
“Incompetent”

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## Competence is Complex



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### What to Examine?



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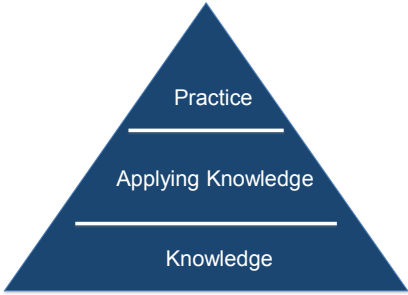
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### Why?



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### At Risk

An exam score below the standard suggests that the pharmacist

**may**

be lacking the knowledge or reference search skill required for safe and effective practice.

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## The Numbers

- 2,974 pharmacists assessed
- After first try: 195 possibly at risk (6.6%)
- After second try: 46 still possibly at risk (1.5%)
- After third try: 11 remained at risk (0.4%)

19

## Graphically

After Initial Assessment



After Second Try



After Third Try



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## Results Varied with Age

Did not meet standard on first try

Under 51 2.7%

51- 60 10.0%

Over 60 44.4%

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## 11 At Risk After Three Tries

- Eight men and three women
- Eight were 51 or older
- Eight community and three not practicing
- Five in Fraser, three in Vancouver, two in Island/Coastal, and one in Kootenay/Okanagan

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## Some Ideas

- Learn more about the over 50s group
- Target help in assessment preparation
- Focus at-risk identification efforts

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## Board Discussion

Members' thoughts on identifying pharmacists at risk for unsafe or ineffective practice



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## Issue Two

Approaches to remediation for at-risk pharmacists

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## Providing Support

- Identifying sources of information
- Committee guidance
- Linking with colleagues or formal mentorship
- Assisting with self assessment

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## Experience to Date

- Varying roles of supporting pharmacists
- Attitude and remediation
- Difficult to assess impact of support

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### Some Ideas

- Variance in timing and need for support
- Other types of support

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### Board Discussion

Members' thoughts on approaches to remediation for at-risk pharmacists




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### Issue Three

Accommodating differences between community and hospital practice

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## Current Model

- Licence allows a pharmacist to work in a community, hospital or other type of practice
- Exam questions are devised by both hospital and community pharmacists

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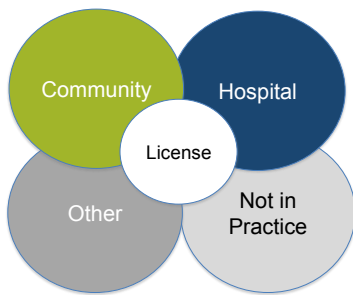
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## Image



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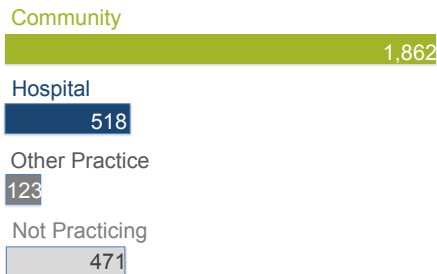
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## Number Assessed



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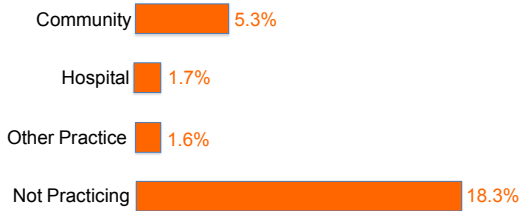
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## Assessment Results

Did not meet standard on first try



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## Some Ideas

- Communicate the objective of assessment by College
- Share statistics on exam results by practice community
- Use other objective assessments of knowledge and referencing skills

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## Board Discussion



Members' thoughts on accommodating differences between community and hospital practice

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## Issue Four

Development and assessment programming in other jurisdictions

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## Legal Requirement

- Health Professions Act, British Columbia
- All health professional colleges must have a process for enforcing standards
- And all must have a continuing professional development program

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## The Wording in the Act

### 16. Duty and Objects of a College

2) A college has the following objects:

- (d) to establish, monitor and enforce standards of practice to enhance the quality of practice and reduce incompetent, impaired or unethical practice amongst registrants;

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## ... The Act continued

[and]

(e) to establish and maintain a continuing competency program to promote high practice standards amongst registrants;

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## Non-Prescriptive

- The “how” of assessment and continuing professional development is not specified
- There are 22 health professional regulatory colleges in British Columbia
- Each sets its own programming

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## Regulated Health Professions

Nursing  
 Massage Therapy  
 Dental Technology  
 Occupational Therapy  
 Psychology  
 Emergency Medical Assisting  
 Naturopathic Medicine  
 Podiatric Medicine  
 Pharmacy  
 Denturism  
 Medicine  
 Dentistry  
 Dietetics  
 Dental Hygiene  
 Speech and Hearing Health Professions  
 Traditional Chinese Medicine and Acupuncture  
 Physical Therapy  
 Midwifery  
 Chiropractic  
 Optometry  
 Opticianry

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### Compare with?



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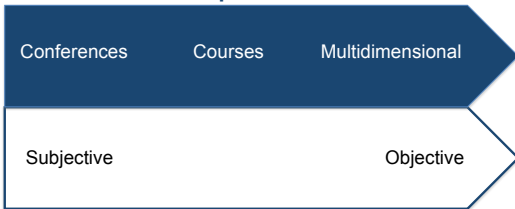
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### Evolution of Approaches

#### Professional Development



#### Assessment

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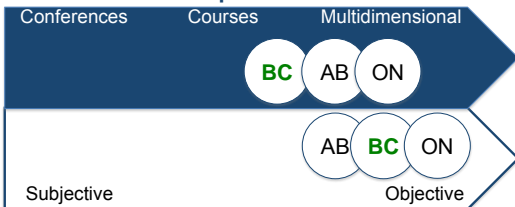
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### Colleges of Pharmacy

#### Professional Development



#### Assessment

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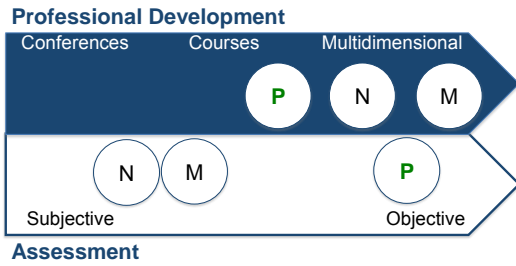
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# Pharmacy, Medicine and Nursing



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## Board Discussion

Members' thoughts on development and assessment programming in other jurisdictions



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Questions?

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## Wrap-up

- Follow-on?
- Chair's comments

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## Thank you!

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## Definitions

1. In these bylaws:

“**Act**” means the *Health Professions Act*,

“**appointed board member**” means

- (a) a person appointed to the board under section 17(3)(b) of the *Act*, or
- (b) prior to the first election referred to in section 17(2)(a) of the *Act*, a person appointed under section 17(2)(a) of the *Act* to represent the public on the first board;

“**board**” means the board of the college;

“**board member**” means an appointed board member or an elected board member;

“**chair**” means the chair of the board elected under section 12;

“**child-resistant package**” means a package that complies with the requirements of the Canadian Standards Association Standard CAN/CSA-Z76.1-06, published in 2006 as amended from time to time;

“**controlled drug substance**” means a drug which includes a controlled substance listed in Schedule I, II, III, IV or V of the *Controlled Drugs and Substances Act* (Canada);

“**college**” means the College of Pharmacists of British Columbia continued under section 15.1(4) of the *Act*;

“**deliver**” with reference to a notice or other document, includes mail by post or electronically to, or leave with a person, or deposit in a person’s mailbox or receptacle at the person’s residence or place of business;

“**director**” has the same meaning as in section 1 of the *Pharmacy Operations and Drug Scheduling Act*;

“**dispense**” has the same meaning as in section 1 of the *Pharmacy Operations and Drug Scheduling Act*;

“**drug**” has the same meaning as in section 1 of the *Pharmacy Operations and Drug Scheduling Act*;

“**elected board member**” means a full pharmacist board member or a pharmacy technician board member;

“**examination**” means an examination, given orally or in writing, or a practical examination, or any combination of these, and includes a

supplemental examination;

**“full pharmacist”** means a member of the college who is registered in the class of registrants established in section 41(a);

**“full pharmacist board member”** means

- (a) a full pharmacist elected to the board under section 17(3)(a) of the *Act* or appointed to the board under section 10, or
- (b) prior to the first election referred to in section 17(2)(a) of the *Act*, a person appointed under section 17(2)(a) of the *Act* to represent the health profession on the first board;

**“in good standing”** in respect of a registrant means

- (a) the registration of the registrant is not suspended under the *Act*, and
- (b) no limits or conditions are imposed on the registrant’s practice of pharmacy under section 20(2.1), 20(3), 32.2, 32.3, 33, 35, 36, 37.1, 38, 39, or 39.1 of the *Act*;

**“limited pharmacist”** means a member of the college who is registered in the class of registrants established in section 41(b);

**“manager”** has the same meaning as in section 1 of the *Pharmacy Operations and Drug Scheduling Act*;

**“medication”** has the same meaning as “drug”;

**“medication management”** has the same meaning as in section 2, Schedule F, Part 5 of the bylaws of the College under the *Health Professions Act*;

**“non-practising pharmacist”** means a member of the college who is registered in the class of registrants established in section 41(f);

**“owner”** has the same meaning as in section 1 of the *Pharmacy Operations and Drug Scheduling Act*;

**“personal information”** means “personal information” as defined in Schedule 1 of the *Freedom of Information and Protection of Privacy Act*;

**“pharmacy assistant”** has the same meaning as “support person” in section 1 of the *Pharmacy Operations and Drug Scheduling Act*;

**“pharmacy services”** means the services a registrant is authorized under the *Act* to provide;

**“pharmacy technician”** means a member of the college who is registered in the class of registrants established in section 41(e);

**“pharmacy technician board member”** means a pharmacy technician elected to the board under section 17(3)(a) of the *Act* or appointed to the board under section 10;

“practising pharmacist” means a full pharmacist, limited pharmacist, temporary pharmacist or student pharmacist;

“practitioner” has the same meaning as in section 1 of the *Pharmacy Operations and Drug Scheduling Act*;

“prescription” has the same meaning as in section 1 of the *Pharmacy Operations and Drug Scheduling Act*;

“public representative” means a person who

- (a) is not a registrant or former registrant, and
- (b) has no close family or business relationship with a registrant or former registrant,

and includes an appointed board member;

“quality assurance assessor” means an assessor appointed under section 26.1(4) of the *Act*;

“record” means a “record” as defined in Schedule 1 of the *Freedom of Information and Protection of Privacy Act*;

“Regulation” means the Pharmacists Regulation, B.C. Reg. 417/2008;

“student pharmacist” means a member of the college who is registered in the class of registrants established in section 41(d);

“supervision” means the active observation and participation of the supervising registrant in the execution of a process, activity, or interaction by a student pharmacist registrant, limited pharmacist registrant, or a registrant with limits and conditions imposed by the Registration Committee, Discipline Committee, or pursuant to a consent agreement;

“temporary pharmacist” means a member of the college who is registered in the class of registrants established in section 41(c);

“vice-chair” means the vice-chair of the board elected under section 12 of the *Act*.

## **PART I – College Board, Committees and Panels**

### **Composition of Board**

2. The board consists of
  - (a) 7 full pharmacist board members,
  - (b) 1 pharmacy technician board member, and
  - (c) the appointed board members.

### **Composition of the Board – Transitional**

2.4

~~Despite section 2, until the start of the November 2010 board meeting, the board consists of~~

~~(a) 7 full pharmacist board members, and~~

~~(b) the appointed board members~~

## Electoral Districts

3. (1) For the purpose of elections of full pharmacist board members under section 17(3)(a) of the *Act*, electoral districts are established as follows:
- (a) the province of British Columbia is divided into 7 electoral districts, the boundaries of which are set out in Schedule “B”;
  - (b) the number of full pharmacist board members elected from each electoral district is 1;
  - (c) electoral district boundaries described in paragraph (a) may be changed only by special resolution amending Schedule “B”;
  - (d) a full pharmacist who has only 1 place of practice which is not a hospital must be assigned to an electoral district from among Districts 1 to 5, according to the location of the full pharmacist’s place of practice;
  - (e) a full pharmacist who has only 1 place of practice which is a hospital must be assigned to District 6 or 7, according to the location of the hospital;
  - (f) a full pharmacist who practices in more than 1 electoral district must be assigned to the electoral district in which the full pharmacist’s primary place of practice is located;
  - (g) a full pharmacist who does not practice must be assigned to the electoral district within which he or she resides.
- (2) For the purpose of election of pharmacy technician board members under section 17(3)(a) of the *Act*, the electoral district is the province of British Columbia.

## Notice of Election

4. (1) An election under section 17(3)(a) of the *Act* must be held in each calendar year, at a date determined by the registrar that is at least 21 days prior to the date of the ~~November last~~ board meeting in that calendar year.
- (2) The registrar must deliver a notice of election in Form 1 by electronic means to every full pharmacist and pharmacy technician assigned to the electoral districts which are to elect board members in the election, at least 60 days prior to the election date.



- (3) The accidental omission to deliver notice of an election to, or the non-receipt of such a notice, by any person entitled to receive notice does not invalidate the election, any proceedings in relation thereto, or the results thereof.

### Eligibility for Election to the Board

5. (1) To be eligible for election to the board under section 17(3)(a) of the *Act*, a registrant must be
- (a) a full pharmacist or pharmacy technician,
  - (b) in good standing, and
  - (c) assigned to the electoral district in which he or she is nominated.
- (2) A full pharmacist or pharmacy technician is not eligible to be elected to the board if he or she is employed by the college or is engaged in a contract or assignment providing goods or services to the college.
- (3) A nomination for a full pharmacist board member must be signed by 3 full pharmacists who are in good standing and are assigned to the electoral district in which the nominee is standing for election.
- (4) A nomination for a pharmacy technician board member must be signed by 3 pharmacy technicians who are in good standing.
- (5) A nomination must be delivered by electronic means to the registrar at least 45 days prior to the election date.
- (6) A nomination must be accompanied by a consent and a declaration in Form 2 from the nominee.

### Election Procedure

6. (1) If there is only 1 nominee for a vacant position at the close of nominations, the nominee for that position is elected by acclamation.
- (2) Only full pharmacists and pharmacy technicians, who are in good standing, are eligible to vote in an election under section 17(3)(a) of the *Act*.
- (3) A full pharmacist or pharmacy technician eligible to vote under subsection (2) is eligible to vote only in the electoral district to which he or she is assigned for an election.
- (4) The registrar must deliver by electronic means to each full pharmacist and pharmacy technician who is eligible to vote an election ballot ~~and a designated envelope~~, at least 30 days prior to the election date.
- (5) Each full pharmacist and pharmacy technician who is eligible to vote is entitled to 1 ballot and may vote in favour of 1 candidate for the

vacant position.

- (6) ~~The registrar must not count a ballot unless it is received in the designated envelope by the registrar by the close of business 2 days before the election date. Each full pharmacist and pharmacy technician must submit their ballot by electronic means to the registrar no later than the close of business, 2 days before the election date.~~
- (7) The candidate for a vacant position receiving the most votes on the return of the ballots is elected.
- (8) In the case of a tie vote, the registrar must select the successful candidate by random draw.
- (9) In the event that there are no nominees for a vacant position, the board may fill the vacant position in accordance with section 10.
- (10) The registrar must supervise and administer all elections under section 17(3)(a) of the *Act* and may establish additional procedures consistent with these bylaws for that purpose.
- (11) The registrar may determine any dispute or irregularity with respect to any nomination, ballot or election.
- (12) The registrar must use Form 3 to certify newly elected members of the board under section 17.1(1) of the *Act*.

### Terms of Office

7. (1) The term of office for an elected board member is 2 years, commencing ~~upon the adjournment of the annual general meeting at the start of the November board meeting following that board member's election.~~
- (2) An elected board member may serve a maximum of 3 consecutive terms.
- (3) The terms of office of the elected board members from odd-numbered electoral districts must commence and end in odd-numbered years, and the terms of office of elected board members from even-numbered electoral districts must commence and end in even-numbered years.
- ~~(4) — Subsections (1) to (3) do not apply prior to the first election referred to in section 17(2)(a) of the Act.~~

### Ceasing to Hold Office as a Board Member

8. (1) An elected board member ceases to hold office if he or she
  - (a) ceases to be a full pharmacist or pharmacy technician, in good

standing,

- (b) submits a written resignation to the chair,
- (c) becomes an employee of the college or engaged in a contract or assignment providing goods or services to the college,
- (d) is removed by a special resolution of the board, if notice of the proposal to remove the elected board member has been included with the notice of the board meeting, or
- (e) is absent from 3 or more consecutive board meetings for reasons which the board finds unacceptable.

~~(2) — Subsection (1) does not apply prior to the first election referred to in section 17(2)(a) of the Act.~~

### ~~First Election and Terms of Office~~ Electronic Election

9. ~~(1) Despite section 7(1) and (3), the term of office for the first elected full pharmacist board members from Districts 2, 4 and 6 is 1 year, commencing at the start of the November 2009 board meeting. The requirements of section 4(2), 5(5), 6(4) and 6(6) are subject to the designated electronic voting system approved by the board~~

~~(2) Where there is an interruption of electronic service affecting the notice, nomination or election process, the registrar shall extend the deadlines referred to in subsection (1) as necessary.~~

### Vacancy

10. (1) In the event of a vacancy in an elected board member position, the board may, by special resolution, appoint a full pharmacist or pharmacy technician, as applicable, eligible under section 5 for election to fill the position until the next election.

~~(2) Subsection (1) does not apply prior to the first election referred to in section 17(2)(a) of the Act.~~

### Remuneration of Board and Committee Members

11. All board members and committee members are equally entitled to be

- (a) remunerated for time spent on business of the college in the amount approved by the board from time to time, and
- (b) reimbursed by the college for reasonable expenses necessarily incurred in connection with the business of the college.

### Chair and Vice-Chair

12. (1) The chair must

- (a) preside at all board meetings,
  - (b) sign certificates, diplomas and other instruments executed on behalf of the college as required, and
  - (c) act in accordance with the requirements of his or her office for the proper carrying out of the duties of the board.
- (2) At the November or December board meeting in each calendar year, the board members must elect a chair by a majority vote in accordance with the following procedure:
- (a) the ~~acting chair~~registrar for the meeting must call for nominations;
  - (b) if there is only 1 nominee, he or she is elected by acclamation;
  - (c) if there is more than 1 nominee, an election must be held by secret ballot, and the person with the most votes is elected;
  - (d) if there is a tie vote, there must be a second vote immediately following the first vote;
  - (e) if there is a second tie vote, the new chair must be selected by random draw.
- (3) The chair's term of office as chair is 1 year, commencing at the election of the vice-chair under subsection (4), and ending at the ~~start~~adjournment of the ~~November board~~annual general meeting in the next calendar year.
- (4) Immediately following the election of the chair under subsection (2), the board members must elect a vice-chair by a majority vote in accordance with the procedure set out in subsection (2).
- (5) The vice-chair's term of office as vice-chair is 1 year, commencing at his or her election under subsection (4), and ending at the ~~start~~adjournment of the ~~November board~~annual general meeting in the next calendar year.
- (6) The vice-chair must perform the duties of the chair in the chair's absence.
- (7) In the absence of both the chair and the vice-chair, an acting chair for a board meeting must be elected by a majority vote of the board members present.
- ~~(8) — Despite subsections (2) to (5), the board members must elect a chair and vice-chair in accordance with the procedure set out in subsection (2), each to serve a term ending at the start of the November 2009 board meeting.~~

## Board Meetings

13. (1) The board must meet at least 4 times in each calendar year, including one meeting in November or December, and must provide reasonable notice of board meetings to board members, registrants and the public.
- (2) The accidental omission to deliver notice of a board meeting to, or the non-receipt of a notice by, any person entitled to receive notice does not invalidate proceedings at that meeting.
- (3) Despite subsection (1), the chair or registrar may call a meeting of the board without providing notice to registrants or the public if necessary to conduct urgent business.
- (4) The registrar must call a board meeting at the request of the chair or any 3 board members.
- (5) The registrar must provide the following to members of the public on request:
- (a) details of the time and place of a board meeting;
  - (b) a copy of the agenda;
  - (c) a copy of the minutes of any preceding board meeting.
- (6) Subject to subsection (7), board meetings must be open to registrants and the public.
- (7) The board may exclude any person from any part of a board meeting if it is satisfied that
- (a) financial, personal or other matters may be disclosed of such a nature that the desirability of avoiding public disclosure of them in the interest of any person affected or in the public interest outweighs the desirability of adhering to the principle that meetings be open to the public,
  - (b) a person involved in a criminal proceeding or civil suit or proceeding may be prejudiced,
  - (c) personnel matters or property acquisitions will be discussed,
  - (d) the contents of examinations will be discussed,
  - (e) communications with the Office of the Ombudsman will be discussed, or
  - (f) instructions will be given to or opinions received from legal counsel for the college, the board, or a committee.
- (8) If the board excludes any person from a part of a board meeting, it must have its reasons for doing so noted in the minutes of the meeting.

- (9) The registrar must ensure that minutes are taken at each board meeting and retained on file, and must publish them on the college website.
- (10) A majority of the total number of board members constitutes a quorum.
- (11) The chair is entitled to vote on all motions, and is also entitled to speak in debate, but not in preference to other board members.
- (12) A written resolution signed by all board members is valid and binding and of the same effect as if such resolution had been duly passed at a board meeting.
- (13) In case of an equality of votes the chair does not have a casting or second vote in addition to the vote to which he or she is entitled as a board member and the proposed resolution does not pass.
- (14) The board may meet and conduct business using video-conferencing or tele-conference connections or by other electronic means when some or all of the board members are unable to meet in person.
- (15) Except as otherwise provided in the *Act*, the regulations, or these bylaws, the most recent edition of Robert's Rules of Order governs the procedures at meetings of the board.

#### **Registration Committee**

14. (1) The registration committee is established consisting of at least 6 persons appointed by the board.
- (2) At least 1/3 of the registration committee must consist of public representatives, at least one of whom must be an appointed board member.

#### **Inquiry Committee**

15. (1) The inquiry committee is established consisting of at least 6 persons appointed by the board.
- (2) At least 1/3 of the inquiry committee must consist of public representatives, at least one of whom must be an appointed board member.

#### **Discipline Committee**

16. (1) The discipline committee is established consisting of at least 6 persons appointed by the board.
- (2) At least 1/3 of the discipline committee must consist of public

representatives, at least one of whom must be an appointed board member.

### Quality Assurance Committee

17. (1) The quality assurance committee is established consisting of at least 6 persons appointed by the board.
- (2) At least 1/3 of the quality assurance committee must consist of public representatives, at least one of whom must be an appointed board member.

### Injection Drug Administration Committee

18. (1) The injection drug administration committee is established consisting of at least 4 and no more than 7 persons appointed by the board.
- (2) The committee must include
  - (a) one full pharmacist,
  - (b) one medical practitioner confirmed by the College of Physicians and Surgeons of British Columbia as suitable for membership on the committee,
  - (c) one registered nurse confirmed by the College of Registered Nurses of British Columbia as suitable for membership on the committee, and
  - (d) one person nominated by the Ministry of Health Services.
- (3) The injection drug administration committee
  - (a) must review, develop and recommend to the board standards, limits and conditions respecting the performance by ~~full~~practising pharmacists of restricted activities under section 4(1) (c.1) of the Regulation for the purposes of preventing diseases, disorders and conditions, and
  - (b) may
    - (i) review the role of ~~full~~practising pharmacists in regard to the performance of restricted activities under section 4(1) (c.1) of the Regulation, and
    - (ii) make recommendations to the board, for submission to the Ministry of Health Services, respecting the standards, limits and conditions for practice and any other requirements it considers necessary or appropriate to support the performance by ~~full~~practising pharmacists of restricted activities under section 4(1) (c.1) of the Regulation for the purposes of treating diseases, disorders and conditions.

- (4) The committee may consult, as it considers necessary or appropriate, with registrants or other individuals who have expertise relevant to drug administration by injection or on any other matter considered by the committee.

## Committees

19. (1) A person appointed to a committee established under these bylaws
- (a) serves for a term determined by the board not exceeding 2 years, and
  - (b) is eligible for reappointment but may not serve more than 3 consecutive terms, except that a committee member may complete work of the committee that began before the expiry of that term.
- (2) A committee member may be removed by a majority vote of the board.
- (3) The ~~board committee must~~ may appoint designate recommend a committee chair and a committee vice-chair from among the members of the committee for consideration of appointment by the board.
- (4) The vice-chair must perform the duties of the chair in the chair's absence.
- (5) The chair and vice-chair's term of office is 1 year.
- (6) Section 12(7) applies to the committee chair and vice-chair.
- (7) Each committee must submit a report of its activities to the board annually or as required by the board.
- (8) The registrar is an ex officio non-voting member of the committees established under these bylaws.
- (9) The board chair is a non-voting ex-officio member of all committees, except in respect of a committee to which he or she has been appointed under these bylaws, in which case he or she has the right to vote.

## Committee Panels

20. (1) The registration committee, the inquiry committee, the discipline committee and the quality assurance committee may meet in panels of 3 persons which must include at least 1 public representative.
- (2) The chair of a committee referred to in subsection (1) must appoint the members of a panel and must designate a chair of the panel.



- (3) A panel of a committee referred to in subsection (1) may exercise any power or perform any duty of that committee.

### **Meetings of a Committee or Panel**

21. (1) A majority of a committee constitutes a quorum.  
(2) All members of a panel constitute a quorum.

## **PART II – College Administration**

### **Deputy Registrar**

22. If a deputy registrar is appointed by the board,  
(a) the deputy registrar is authorized to perform all duties and exercise all powers of the registrar, subject to the direction of the registrar, and  
(b) if the registrar is absent or unable to act for any reason, the deputy registrar is authorized to perform all duties and exercise all powers of the registrar.

### **Seal**

23. (1) The board must approve a seal for the college.  
(2) The seal of the college must be affixed, by those persons designated by the board, to the documents determined by the board.

### **Fiscal Year**

24. The fiscal year of the college commences on March 1<sup>st</sup> and ends on the last day of February of the following year.

### **Banking**

25. The board must establish and maintain such accounts with a chartered bank, trust company or credit union as the board determines to be necessary from time to time.

### **Payments and Commitments**

26. The board must approve an operating and capital budget for each fiscal year, and may amend the approved budget from time to time.

### **Investments**

27. The board may invest funds of the college in accordance with the board's investment policy which must be consistent with sections 15.1 and 15.2 of the *Trustee Act*.

### **Auditor**

28. (1) The board must appoint a chartered accountant or a certified general accountant to be the auditor.
- (2) The registrar must submit the financial statement to the auditor within 60 days of the end of the fiscal year.
- (3) A copy of the auditor's report must be included in the annual report.

### Legal Counsel

29. The board or, with the approval of the registrar, a committee or panel, may retain legal counsel for the purpose of assisting the board, a committee or a panel in exercising any power or performing any duty under the *Act*.

### General Meetings

30. (1) General meetings of the college must be held in British Columbia at a time and place determined by the board.
- (2) ~~The first annual general meeting must be held before October 1, 2010, and after that a~~ An annual general meeting must be held at least once in every calendar year and within 30 days after the November or December board meeting, not more than 20 months after the holding of the last preceding annual general meeting.
- (3) The following matters must be considered at an annual general meeting:
  - (a) the financial statements of the college;
  - (b) the annual report of the board;
  - (c) the report of the auditor.
- (4) Every general meeting, other than an annual general meeting, is an extraordinary general meeting.
- (5) The board
  - (a) may convene an extraordinary general meeting by resolution of the board, and
  - (b) must convene an extraordinary general meeting within 60 days after receipt by the registrar of a request for such a meeting signed by at least ten percent of all full pharmacists and pharmacy technicians, who are in good standing.

### Notice of General Meetings

31. (1) The registrar must deliver notice of an annual or extraordinary general meeting to every board member and registrant at least 21

days prior to the meeting.

- (2) Notice of a general meeting must include
  - (a) the place, day and time of the meeting,
  - (b) the general nature of the business to be considered at the meeting,
  - (c) any resolutions proposed by the board, and
  - (d) any resolutions proposed under section 32 and delivered to the registrar prior to the mailing of the notice.
- (3) The accidental omission to deliver notice of a general meeting to, or the non-receipt of a notice by, any person entitled to receive notice does not invalidate proceedings at that meeting.
- (4) General meetings must be open to the public.
- (5) The registrar must
  - (a) provide reasonable notice of each general meeting to the public, and
  - (b) provide to members of the public on request a copy of the notice given under subsection (1) in respect of the meeting.

## **Resolutions**

32. Any 3 full pharmacists or pharmacy technicians, who are in good standing, may deliver a written notice to the registrar at least 60 days prior to the date of an annual or an extraordinary general meeting requesting the introduction of a resolution.

## **Voting at a General Meeting**

33. (1) A full pharmacist or pharmacy technician present at a general meeting is entitled to 1 vote at the meeting.
- (2) In case of an equality of votes the chair of the general meeting does not have a casting or second vote in addition to the vote to which he or she is entitled as a full pharmacist or pharmacy technician, if any, and the proposed resolution does not pass.
- (3) Except as these bylaws otherwise provide, the most recent edition of Robert's Rules of Order governs the procedures at an annual or extraordinary general meeting.
- (4) A resolution passed at an annual or extraordinary general meeting is not binding on the board.

## Proceedings at General Meetings

34. (1) Quorum is 25 registrants consisting of full pharmacists or pharmacy technicians, or both.
- (2) No business, other than the adjournment or termination of the meeting, may be conducted at a general meeting at a time when a quorum is not present.
- (3) If at any time during a general meeting there ceases to be a quorum present, business then in progress must be suspended until there is a quorum present.
- (4) In the case of a general meeting other than an extraordinary general meeting under section 30(5)(b),
- (a) if there is no quorum within 30 minutes from the time appointed for the start of the meeting, or
- (b) if there is no quorum within 30 minutes from any time when there is no quorum during the meeting,
- the meeting must be adjourned to one month later, at the same time and place, and those full pharmacists and pharmacy technicians who attend that later meeting will be deemed to be a quorum for that meeting.
- (5) In the case of an extraordinary general meeting under section 30(5)(b),
- (a) if there is no quorum within 30 minutes from the time appointed for the start of the meeting, or
- (b) if there is no quorum within 30 minutes from any time when there is no quorum during the meeting,
- the meeting must be adjourned and cancelled and no further action may be taken in respect of the request under section 30(5)(b) for that meeting.
- (6) In the absence of both the chair and the vice-chair of the board, an acting chair for a general meeting must be elected by a majority vote of the full pharmacists and pharmacy technicians present.
- (7) A general meeting may be adjourned from time to time and from place to place, but no business may be transacted at an adjourned meeting other than the business left unfinished at the meeting from which the adjournment took place.
- (8) When a meeting is adjourned in accordance with subsection (4) or by resolution, notice of the rescheduled meeting must be delivered in accordance with section 31.

## Notice to Public Representatives

35. Every notice or mailing to registrants must also be provided to public representatives serving on the board or a committee.

## PART III – College Records

### Body Responsible for Administering the *Freedom of Information and Protection of Privacy Act*

36. (1) The registrar is the “head” of the college for the purposes of the *Freedom of Information and Protection of Privacy Act*.
- (2) The registrar may authorize the deputy registrar, a person employed by the college or a person who has contracted to perform services for the college to perform any duty or exercise any function of the registrar that arises under the *Freedom of Information and Protection of Privacy Act*.

### Fees for Information Requests

37. Subject to section 75 of the *Freedom of Information and Protection of Privacy Act*, an applicant who requests access to a college record under section 5 of the *Freedom of Information and Protection of Privacy Act* must pay the fees set out in the Schedule of Maximum Fees in B.C. Reg. 323/93 for services required to comply with the information request.

### Disclosure of Annual Report

38. The registrar must make each annual report under section 18(2) of the *Act* available electronically and free of charge on the college website, must notify registrants that the report is available, and must provide a paper copy of the report to any person on request upon payment of the fee set out in Schedule “D”.

### Disclosure of Registration Status

39. (1) If an inquiry about the registration status of a person is received by the board or the registrar, the registrar must disclose, in addition to the matters required by section 22 of the *Act*,
- (a) whether the discipline committee has ever made an order relating to the person under section 39 of the *Act* and the details of that order,
  - (b) whether the person has ever consented to an order under section 37.1 of the *Act* and the details of that order, and
  - (c) whether the person has ever given an undertaking or consented to a reprimand under section 36 of the *Act* and the details of that undertaking or reprimand.

- (2) When acting under subsection (1), the registrar must not release the name of, or information which might enable a person to identify
  - (a) a patient, or
  - (b) another person, other than the registrant, affected by the matter, except with the consent of the patient or the other person.

### **Manner of Disposal of College Records Containing Personal Information**

40. The board must ensure that a college record containing personal information is disposed of only by
  - (a) effectively destroying a physical record by utilizing a shredder or by complete burning,
  - (b) erasing information recorded or stored by electronic methods on tapes, disks or cassettes in a manner that ensures that the information cannot be reconstructed,
  - (c) returning the record to the person the information pertains to, or
  - (d) returning the record to the registrant who compiled the information.

## **PART IV – Registration**

### **Classes of Registrants**

41. The following classes of registrants are established:
  - (a) full pharmacist;
  - (b) limited pharmacist;
  - (c) temporary registrant;
  - (d) student pharmacist;
  - (e) pharmacy technician;
  - (f) non-practising registrant.

### **Full Pharmacist Registration**

42. (1) For the purposes of section 20(2) of the *Act*, the requirements for full pharmacist registration are
  - (a) graduation ~~with a degree or equivalent qualification~~ from a pharmacy education program ~~recognized by the board for the purpose of full pharmacist registration and~~ specified in Schedule “C”,
  - (b) successful completion of the jurisprudence examination required

by the registration committee,

- (c) successful completion of an English language proficiency examination acceptable to the registration committee, if the person has not graduated from a pharmacy education program in Canada or the United States accredited by the Canadian Council for Accreditation of Pharmacy Programs or the Accreditation Council for Pharmacy Education,
- (d) successful completion of the structured practical training required by the registration committee, if any,
- (e) successful completion of the Pharmacy Examining Board of Canada Evaluating Examination, if the person has not graduated from a pharmacy education program in Canada or the United States accredited by the Canadian Council for Accreditation of Pharmacy Programs or the Accreditation Council for Pharmacy Education,
- (f) successful completion of the Pharmacy Examining Board of Canada Qualifying Examination - Part I and Part II,
- (g) evidence satisfactory to the registration committee that the person is of good character and fit to engage in the practice of pharmacy, and
- (h) receipt by the registrar of
  - (i) a signed application for full pharmacist registration in Form 4,
  - (ii) the application fee specified in Schedule "D",
  - (iii) a notarized copy, or other evidence satisfactory to the registration committee, of the person's degree or equivalent qualification, and that he or she is the person named therein,
  - (iv) a statutory declaration in Form 5,
  - (v) if applicable, the fee for the jurisprudence examination specified in Schedule "D",
  - (vi) a criminal record check authorization in the form required by the *Criminal Records Review Act*,
  - (vii) if the person has engaged in the practice of pharmacy or another health profession in another jurisdiction, an authorization for a criminal record check in that jurisdiction,
  - (viii) a letter or certificate, in a form satisfactory to the registration committee and dated within three months prior to the date of the application, of the person's good standing from each body responsible for the regulation of

the practice of pharmacy or another health profession in a Canadian or foreign jurisdiction where the person is, or has been, authorized to engage in the practice of pharmacy or another health profession,

- (ix) a certified passport size photograph of the person taken within one year prior to the date of application,
- (x) a notarized copy, or other evidence satisfactory to the registration committee, of the person's Canadian citizenship or authorization to work in Canada, and

(xi) proof of professional liability insurance as required under section 81.

(i) If an applicant for registration does not complete the requirements in subsection (1) within 12 months from the date of application, the applicant must provide updated documentation satisfactory to the Registration Committee pursuant to subsection (h)(viii) and (x).

- (2) Despite subsection (1), the person may be granted full pharmacist registration if he or she
  - (a) is registered in another Canadian jurisdiction as the equivalent of a full pharmacist and has provided notarized evidence, or other evidence satisfactory to the registration committee, of such registration and that he or she is the person named therein, and
  - (b) meets the requirements established in subsection (1)(g) and (h)(i) to (iv) and (vi) to (xi).
- (3) Despite subsection (1), the registration committee has discretion, in satisfying itself under section 20 of the *Act* that the person meets the conditions or requirements for registration as a full pharmacist member of the college, to consider whether the person's knowledge, skills and abilities are substantially equivalent to the standards of academic or technical achievement and the competencies or other qualifications established in subsection (1)(a) ~~to (f)~~, and to grant full pharmacist registration on that basis, if the person also meets the requirements established in subsection (1) ~~(g)~~ and to (h).
- (4) A full pharmacist may use only the abbreviation "~~R.Pharm.~~" or "R.Ph."
- (5) A full pharmacist must not
  - (a) delegate any aspect of practice to a pharmacy technician, or
  - (b) authorize a pharmacy technician to perform or provide any aspect of practice under supervision.



## Certification of ~~Full~~Practising Pharmacists for Injection Drug Administration

43. (1) A ~~full~~practising pharmacist may apply to the registrar under this section for certification that the ~~full~~practising pharmacist is qualified and competent to perform a restricted activity under section 4(1) (c.1) of the Regulation,
- (2) The registrar must grant certification under this section if ~~a full~~the ~~practising~~ pharmacist has
- (a) provided evidence satisfactory to the registrar that the ~~full~~practising pharmacist has
    - (i) successfully completed an education program in drug administration by injection, approved by the board for the purposes of section 4.1(c) of the Regulation and specified in Schedule “C”,
    - (ii) a current certificate in cardiopulmonary resuscitation from a program approved by the board and specified in Schedule “C”, and
    - (iii) a current certificate in first aid from a program approved by the board and specified in Schedule “C”,
  - (b) submitted a signed application for certification in Form 13, and
  - (c) paid the fee specified in Schedule “D”.
- (3) If ~~a full pharmacist is granted~~ certification ~~is granted~~ under this section, the registrar must enter a notation of certification for drug administration by injection in the register in respect of the ~~full~~practising pharmacist.
- (4) To maintain certification under this section, a ~~full~~practising pharmacist must
- (a) successfully complete a continuing education program in drug administration by injection approved by the board and specified in Schedule “C”, at least once in every 5-year period after certification under this section has first been granted,
  - (b) maintain current certification in cardiopulmonary resuscitation from a program approved by the board and specified in Schedule “C”, and
  - (c) maintain current certification in first aid from a program approved by the board and specified in Schedule “C”.
- (5) The registrar must remove a ~~full~~practising pharmacist’s notation of certification from the register if the ~~full~~practising pharmacist fails to meet any of the requirements in subsection (4), and the full pharmacist must not again perform a restricted activity under section

4(1) (c.1) of the Regulation until

- (a) the requirements in subsection (4) are met to the satisfaction of the registrar, and
- (b) the registrar has re-entered a notation of certification for drug administration by injection in the register in respect of the ~~full~~ practising pharmacist.

### Limited Pharmacist Registration

44. (1) An applicant under section 42 or 52 may be granted limited pharmacist registration for a period of up to one year if
- (a) the applicant
    - (i) does not meet the requirements established in section 42(1)(b)(c)(e) and (f) or (3), or section 52(2)(a) and (c), as applicable,
    - (ii) meets the requirements established in section 42(1)(d), or section 52(2)(b), as applicable, and
    - (iii) is capable, in the opinion of the registration committee, of practising as a limited pharmacist without any risk to public health and safety, or
  - (b) the applicant
    - (i) meets the requirements established in section 42(1)(b)(c)(e) and (f) or (3), or section 52(2)(a) and (c), as applicable,
    - (ii) does not meet the requirements established in section 42(1)(d), or section 52(2)(b), as applicable, and
    - (iii) is capable, in the opinion of the registration committee, of practising as a limited pharmacist without any risk to public health and safety.
- (2) Limited pharmacist registration may be renewed twice, but in any case, the total period of registration in this class must not exceed 3 years.
- (3) Full pharmacist registration may be granted to a limited pharmacist who has met all the requirements in section 42(1) or (3), or section 52, as applicable.
- (4) A limited pharmacist may provide pharmacy services as if he or she is a full pharmacist, but only under the supervision of a full pharmacist approved by the registration committee for that purpose.
- (5) A limited pharmacist must not delegate any aspect of practice.

~~(a) delegate any aspect of practice, or  
perform a restricted activity under section 4(1) (c.1) of the Regulation.~~

- (6) A limited pharmacist may use only the title “pharmacist (limited)” and must not use any abbreviations.

### Temporary Registration

45. (1) Despite sections 42 and 47, a person may be granted temporary pharmacist registration or temporary pharmacy technician registration, for a period of up to 90 days, if
- (a) an emergency has been declared by the registrar in accordance with criteria established by the board,
  - (b) the person
    - (i) is registered in another jurisdiction in Canada or the United States as the equivalent of a full pharmacist or a pharmacy technician, and
    - (ii) has provided notarized evidence, or other evidence satisfactory to the registration committee, of such registration and that the person is the person named therein.
- (2) The registration of a temporary pharmacist or temporary pharmacy technician may be renewed once for an additional period of up to 90 days.
- (3) A temporary pharmacist may provide services as if he or she is a full pharmacist, and may apply for certification, and be certified, under section 43.
- (4) A temporary pharmacy technician may provide services as if he or she is a pharmacy technician,
- (5) A temporary pharmacist may use only the title “pharmacist (temporary)” and must not use any abbreviations.
- (6) A temporary pharmacy technician may use only the title “pharmacy technician (temporary)” and must not use any abbreviations.

### Student Pharmacist Registration

46. (1) A person may be granted student pharmacist registration if the person
- (a) is enrolled as a student in a pharmacy education program recognized by the board for the purpose of full pharmacist registration and specified in Schedule “C”,
  - (b) provides evidence satisfactory to the registration committee that

the person is of good character and fit to engage in the practice of pharmacy, and

- (c) has delivered to the registrar
  - (i) a signed application for registration in Form 6,
  - (ii) the application fee specified in Schedule “D”,
  - (iii) a notarized copy, or other evidence satisfactory to the registration committee of the person’s enrolment and educational standing, and that he or she is the person named therein,
  - (iv) a statutory declaration in Form 5,
  - (v) a criminal record check authorization in the form required under the *Criminal Records Review Act*,
  - (vi) if the person has engaged in the practice of pharmacy or another health profession in another jurisdiction, an authorization for a criminal record check in that jurisdiction,
  - (vii) a letter or certificate, in a form satisfactory to the registration committee and dated within three months prior to the date of the application, of the person’s good standing from each body responsible for the regulation of the practice of pharmacy or another health profession in a Canadian or foreign jurisdiction where the person is, or has been, authorized to engage in the practice of pharmacy or another health profession,
  - (viii) a certified passport size photograph of the person taken within one year prior to the date of application, and
  - (ix) a notarized copy, or other evidence satisfactory to the registration committee, of the person’s Canadian citizenship or authorization to work in Canada.

(2) A person described in subsection (1)(a) must be registered under this section

- (a) within 6 months of their enrolment as a student in the pharmacy education program, and
- (b) before undertaking a period of structured practical training or providing pharmacy services.

(3) A person who is enrolled as a student in a pharmacy education program that is not recognized by the board for the purpose of registration may be granted student registration if the applicant meets all requirements established in subsection (1)(b) and (c).

- (4) A person described in subsection (3) must be registered under this section before undertaking a period of structured practical training, or providing pharmacy services.
- (5) A student pharmacist may only provide pharmacy services while under the supervision of a full pharmacist ~~approved by the registration committee for that purpose.~~
- (5.1) Despite subsection (5), a student pharmacist may only perform a restricted activity under section 4(1)(c.1) of the Regulation while under the supervision of
- (a) a full pharmacist who is certified under section 43, or
- (b) a person who is
- (i) not a member of the college,
- (ii) registered as a member of another college established or continued under the Act, and
- (iii) authorized under the Act to perform the restricted activity in the course of practising the designated health profession for which the other college is established or continued.
- (6) The registration of a student pharmacist may be renewed if he or she
- (a) remains enrolled in a pharmacy education program described in subsection 1(a),
- (b) applies in writing in a form acceptable to the registration committee,
- (c) pays any outstanding fine, fee, debt or levy owed to the college, and
- (d) pays the fee specified in Schedule “D”.
- (7) A student pharmacist must not delegate any aspect of practice.
- ~~(a) delegate any aspect of practice, or~~
- ~~perform a restricted activity under section 4(1)(c.1) of the Regulation.~~
- (8) A student registrant may use only the title “pharmacist (student)” and must not use any abbreviations.

### Pharmacy Technician Registration

47. (1) For the purposes of section 20(2) of the *Act*, the requirements for pharmacy technician registration are

- (a) graduation ~~with a diploma or certificate~~ from a pharmacy technician education program ~~recognized by the board for the purpose of pharmacy technician registration and~~ specified in Schedule “C”,
- (b) successful completion of the jurisprudence examination required by the registration committee,
- (c) successful completion of an English language proficiency examination acceptable to the registration committee, if the person has not graduated from a pharmacy technician education program in Canada accredited by the Canadian Council for Accreditation of Pharmacy Programs.
- (d) successful completion of the structured practical training required by the registration committee, if any,
- (e) successful completion of the Pharmacy Examining Board of Canada Evaluating Examination, if the person has not graduated from a pharmacy technician education program in Canada accredited by the Canadian Council for Accreditation of Pharmacy Programs.
- (f) successful completion of the Pharmacy Examining Board of Canada Pharmacy Technician Qualifying Examination – Part I and Part II,
- (g) evidence satisfactory to the registration committee that the person is of good character and fit to engage in practice as a pharmacy technician, and
- (h) receipt by the registrar of
  - (i) a signed application for registration in Form 7,
  - (ii) the application fee specified in Schedule “D”,
  - (iii) a notarized copy, or other evidence satisfactory to the registration committee, of the person’s diploma, certificate or equivalent qualification, and that he or she is the person named therein,
  - (iv) a statutory declaration in Form 5,
  - (v) if applicable, the fee for the jurisprudence examination specified in Schedule “D”,
  - (vi) a criminal record check authorization in the form required by the *Criminal Records Review Act*,
  - (vii) if the person has practised as a pharmacy technician or in another health profession in another jurisdiction, an authorization for a criminal record check in that jurisdiction,

- (viii) a letter or certificate, in a form satisfactory to the registration committee and dated within three months prior to the date of the application, of the person's good standing from each body responsible for the regulation of the practice of pharmacy or another health profession in a Canadian or foreign jurisdiction where the person is, or has been, authorized to practise as a pharmacy technician or in another health profession,
- (ix) a certified passport size photograph of the person taken within one year prior to the date of application,
- (x) a notarized copy, or other evidence satisfactory to the registration committee, of the person's Canadian citizenship or authorization to work in Canada, and
- (xi) proof of professional liability insurance as required under section 81.

(i) If an applicant for registration does not complete the requirements in subsection (1) within 12 months from the date of application, the applicant must provide updated documentation satisfactory to the Registration Committee pursuant to subsection (h)(viii) and (x)

- (2) Despite subsection (1), the person may be granted pharmacy technician registration if he or she
  - (a) is registered in another Canadian jurisdiction as the equivalent of a pharmacy technician and has provided evidence, satisfactory to the registration committee, of such authorization and that he or she is the person named therein, and
  - (b) meets the requirements established in subsection (1)(g) and (h)(i) to (iv) and (vi) to (xi).
- (3) Despite subsection (1), the registration committee has discretion, in satisfying itself under section 20 of the *Act* that the person meets the conditions or requirements for registration as a pharmacy technician member of the college, to consider whether the person's knowledge, skills and abilities are substantially equivalent to the standards of academic or technical achievement and the competencies or other qualifications established in subsection (1)(a) ~~to (f)~~, and to grant full pharmacy technician registration on that basis, if the person also meets the requirements established in subsection (1)(~~g~~) ~~and~~ (h).
- (4) Despite subsection (1), the person may be granted pharmacy technician registration if he or she
  - (a) applies on or before December 31, 2015,

- (b) has worked for at least 2000 hours as the equivalent of a pharmacy assistant in the 3 year period immediately preceding the date of application,
- (c) has
  - (i) successfully completed the Pharmacy Examining Board of Canada Evaluating Examination, or
  - (ii) been certified as the equivalent of a pharmacy technician in the Province of Ontario or Province of Alberta prior to January 1, 2009, or in another jurisdiction recognized by the registration committee, or
  - (iii) successfully completed an accredited pharmacist degree program in Canada or in the continental United States,
- (d) has successfully completed the pharmacy technician bridging programs, and

meets the requirements in subsection (1)(b) to (d) and (f) to (h).

~~A pharmacy technician must not~~

- ~~(a) perform a restricted activity under section 4(1)(a) or (c.1) of the Regulation,~~
- ~~(b) act under section 25.92 of the Act, or~~
- ~~(c) be appointed as a pharmacy manager.~~

- (5) A pharmacy technician may use only the title “pharmacy technician” and may use only the abbreviations “R.PharmTech” or “R.Ph.T.”.

### Limits on Practice for Pharmacy Technicians

#### 47.1

- (1) A pharmacy technician practising in a pharmacy may:
  - (a) receive and transcribe verbal prescriptions from practitioners,
  - (b) ensure that a prescription is complete and authentic,
  - (c) transfer prescriptions to and receive prescriptions from other pharmacies,
  - (d) ensure the accuracy of a prepared prescription,
  - (e) perform the final product check of a prepared prescription, and
  - (f) ensure the accuracy of drug and personal health information in the PharmaNet patient record.



- (2) A pharmacy technician practising in a pharmacy must not
- (a) do anything described in Part 4, Schedule F,
  - (a) perform a restricted activity under section 4(1)(a) or (c.1) of the Regulation,
  - (b) act under section 25.92 of the Act, or
  - (c) be appointed as a pharmacy manager.
- (3) Despite subsection (1), a pharmacy technician in a community pharmacy may dispense a drug but must not
- (a) perform the task of ensuring the pharmaceutical and therapeutic suitability of a drug for its intended use, or
  - (b) do anything described in
    - (i) sections 5(5), 5(10), 9(2), 44(3)10(3), 11, 43(2)12(2) or 43(3)12(3) of Part 1, Schedule F.
- (4) Despite subsection (1), a pharmacy technician in a hospital pharmacy, hospital pharmacy satellite or hospital pharmacy telepharmacy remote site may dispense a drug but must not
- (a) perform the task of ensuring the pharmaceutical and therapeutic suitability of a drug for its intended use, or
  - (b) do anything described in
    - (i) sections 11(1) to 44(9)11(8), 13 or 14 of Part 2, Schedule F.
- (5) Despite subsection (1), a pharmacy technician providing pharmacy services to a facility or home may dispense a drug but must not
- (a) perform the task of ensuring the pharmaceutical and therapeutic suitability of a drug for its intended use, or
  - (b) do anything described in
    - (i) sections 3(3), 3(4), 12(4), 14 or 15(2) to 15(5) of Part 3, Schedule F.
- (6) A pharmacy technician must identify his or her registration class in any interaction with a patient or a practitioner.

## **Non-Practising Registration**

48. (1) A full pharmacist or pharmacy technician may be granted non-practising registration if the registrar has received
- (a) a signed application for non-practising registration in Form 8,
  - (b) the registration fee specified in Schedule “D”,
  - (c) a statutory declaration in Form 5, and
  - (d) a criminal record check authorization in the form required under the *Criminal Records Review Act*.
- (2) A non-practising registrant must not provide pharmacy services in British Columbia.
- (3) A non-practising registrant who was formerly a full pharmacist may use only the title “pharmacist (non-practising)” and must not use any abbreviations.
- (4) A non-practising registrant who was formerly a pharmacy technician may use only the title “pharmacy technician (non-practising)” or “technician (non-practising)” and must not use any abbreviations.

#### **Certificate of Registration and Registration Card**

49. (1) The registrar must issue a certificate in Form 9 to a person who is granted full pharmacist or pharmacy technician registration.
- (2) A registration card must be issued to a person who is granted registration, and is valid from the date issued until the date shown on the card.

#### **Examinations**

50. (1) An applicant who fails a required examination under this Part, may write the examination again to a maximum of 4 times except where the Pharmacy Examining Board of Canada for its examinations, determines otherwise.
- (2) If an invigilator has reason to believe that an applicant has engaged in improper conduct during the course of an examination, the invigilator must make a report to the registration committee, and may recommend that the registration committee take one or more of the following courses of action:
- (a) fail the applicant;
  - (b) pass the applicant;
  - (c) require the applicant to rewrite the examination;
  - (d) disqualify the applicant from participating in any examination for a period of time.

- (3) After considering a report made under subsection (2), the registration committee may take one or more of the courses of action specified in subsection (2).
- (4) An applicant disqualified under subsection 2(d) must be provided with written reasons for disqualification.

### Registration Renewal

51. (1) To be eligible for a renewal of registration, a registrant must
  - (a) provide the registrar with a completed Form 10,
  - (b) pay the registration renewal fee specified in Schedule “D”,
  - (c) pay any other outstanding fine, fee, debt or levy owed to the college,
  - (d) attest that he or she is in compliance with the *Act*, the regulations, and these bylaws, and is in compliance with any limits or conditions imposed on his or her practice under the *Act*,
  - (e) meet all applicable requirements of the quality assurance program under Part V,
  - (f) if certified under section 43, meet all applicable requirements of section 43(4),
  - (g) provide proof of professional liability insurance as required under section 81, and
  - (h) provide an authorization for a criminal record check in the form required under the *Criminal Records Review Act*, if the college does not have a valid authorization on file.
- (2) Form 10 must be delivered to each registrant no later than 30 days before the registration renewal date and must describe the consequences of late payment and non-payment of fees.
- (3) Each registrant must submit the monies required under subsection (1) and a completed Form 10 to the college on or before the registration expiry date.
- (4) On receipt of the monies required under subsection (1) and a completed Form 10, the registrar must issue a receipt stating that the registrant is, subject to his or her compliance with the *Act*, the regulations, and the bylaws, entitled to practice the profession of pharmacy or practise as a pharmacy technician, as applicable, in the Province of British Columbia as a member of the college.
- (5) If a registrant fails to submit the monies required under subsection (1) and a completed Form 10 on or before the registration expiry date, he or she ceases to be registered.

- (6) In this section, "registrant" does not include a student pharmacist.

## Reinstatement

52. (1) The registration of a former registrant or a non-practising registrant, whose registration is not suspended or cancelled under the *Act* and who has been out of practice for more than 90 days but less than 6 years must, subject to sections 20 and 39 of the *Act*, be reinstated by the registration committee if the former registrant or non-practising registrant
- (a) ~~successfully completes the~~ has met all the applicable requirements of the quality assurance program approved by the board, and
  - (b) has delivered to the registrar
    - (i) a signed application for reinstatement in Form 11,
    - (ii) a statutory declaration in Form 5,
    - (iii) an authorization for a criminal record check in the form required by the *Criminal Records Review Act*, and
    - (iv) the registration reinstatement fee and transfer fee, if applicable, specified in Schedule "D".
- (2) The registration of a former registrant or a non-practising registrant, whose registration is not suspended or cancelled under the *Act* and who has been out of practice for 6 years or more must, subject to sections 20 and 39 of the *Act*, be reinstated by the registration committee if the former registrant or non-practising registrant
- (a) successfully completes the jurisprudence examination required by the registration committee,
  - (b) successfully completes the structured practical training required by the registration committee,
  - (c) successfully completes the Pharmacy Examining Board of Canada Qualifying Examination - Part II, and
  - (d) has delivered to the registrar
    - (i) a signed application for reinstatement in Form 11,
    - (ii) a statutory declaration in Form 5,
    - (iii) an authorization for a criminal record check in the form required by the *Criminal Records Review Act*, and
    - (iv) the registration reinstatement and transfer fee, if applicable specified in Schedule "D".

## Reinstatement Following Late Registration Renewal

53. The registration of a former registrant who ceased to be registered under section 51(5) must, subject to sections 20 and 39 of the *Act*, be reinstated by the registration committee if the former registrant
- (a) applies for reinstatement in Form 11 not later than 90 days following the expiry of his or her registration,
  - (b) meets the requirements of section 52(1),
  - (c) is not in contravention of the *Act*, the regulations, or these bylaws, and
  - (d) pays the registration reinstatement and late registration renewal fees specified in Schedule "D".

## Registration Information

54. (1) For the purposes of section 21(2)(f) of the *Act*, the registrar must enter and maintain on the register the most recent electronic mail address ~~, if any, provided to the college by each registrant.~~ for each registrant.
- (2) A registrant must notify the registrar immediately of any change of name, address, telephone number, electronic mail address, names and addresses of the pharmacies where the registrant provides pharmacy services, or any other registration information previously provided to the registrar.

## PART V – Quality Assurance

### Quality Assurance Program

55. (1) In this Part, “**program**” means the quality assurance program established by the board in accordance with this section.
- (2) The program consists of the following 2 components and applies to all full pharmacists, pharmacy technicians and applicants for reinstatement and registration renewal:
- (a) a continuing education component;
  - (b) an assessment component, as described in subsections (3) to (9).
- (3) The assessment component referred to in subsection (2)(b) consists of the following 3 phases:
- (a) a Phase 1 assessment of professional performance;
  - (b) a Phase 2 reassessment of professional performance;
  - (c) a Phase 3 individualized remediation plan and reassessment of

professional performance.

- (4) The quality assurance committee must select a group of full pharmacists and a group of pharmacy technicians, according to the process and timelines set out in the program documents published by the board from time-to-time, to complete a Phase 1 assessment.
- (5) A full pharmacist or a pharmacy technician selected under subsection (4), or an applicant for reinstatement, must choose a Phase 1 assessment option from a list described in the program documents.
- (6) Full pharmacists, pharmacy technicians or applicants for reinstatement who do not successfully complete the Phase 1 assessment must complete a Phase 2 reassessment option from a list of options described in the program documents.
- (7) Full pharmacists, pharmacy technicians or applicants for reinstatement who do not successfully complete the Phase 2 reassessment, must complete a Phase 3 individualized remediation plan and must complete a Phase 3 reassessment approved by the quality assurance committee, and pay the fee set out in Schedule "D" and costs associated with the remediation plan and the reassessment.
- (8) A full pharmacist or pharmacy technician who has been selected for the program under subsection (4), may apply to the quality assurance committee for a deferral of participation for not more than 1 year following the date of notification of selection, if the full pharmacist or pharmacy technician has a medical condition that prevents him or her from providing pharmacy services and provides proof of that condition in a form required by the quality assurance committee.
- (9) Full pharmacists and pharmacy technicians must satisfactorily complete Phases 1 and 2, if the Phase 2 reassessment applies, within the timelines set out in the program documents published by the board from time-to-time, and the Phase 3 remediation plan and reassessment within the time allotted by the quality assurance committee.

### **Assessment of Professional Performance**

56. (1) The quality assurance committee or a quality assurance assessor may assess the professional performance of a full pharmacist or pharmacy technician.
- (2) A quality assurance assessor must not observe a full pharmacist or pharmacy technician while the full pharmacist or pharmacy technician is providing a service to a patient unless
  - (a) the consent of the patient has been obtained in advance, or
  - (b) the service is being provided in a public setting.

## **PART VI – Inquiries and Discipline**

### **Consent Orders**

57. The record of an undertaking or consent given under section 36 of the *Act*, a consent order under section 37.1 of the *Act*, or an agreement under section 32.2(4)(b) or 32.3(3)(b) of the *Act*, must
- (a) include any consent to a reprimand or to any other action made by the registrant under section 32.2(4)(b), 32.3(3)(b), 36 or 37.1 of the *Act*,
  - (b) include any undertaking made by the registrant under section 36 of the *Act*,
  - (c) specify the length of time that an undertaking specified in paragraph (b) is binding on the registrant,
  - (d) specify the procedure that the registrant may follow to be released from an undertaking specified in paragraph (b), and
  - (e) subject to sections 22 and 39.3 of the *Act* and sections 39(1) and 60(1), specify which limits or conditions of the undertaking, consent order or agreement may be published, disclosed to the public, or both.

### **Notice of Disciplinary Committee Action Under Section 39.1 of Act**

- 57.1 The discipline committee must deliver notice to a registrant not fewer than 14 days before making an order under section 39.1 of the *Act* in respect of the registrant.

### **Citation for Disciplinary Hearing**

58. (1) On the direction of a panel of the discipline committee, the registrar may join one or more complaints or other matters which are to be the subject of a discipline hearing in one citation as appropriate in the circumstances.
- (2) On the direction of a panel of the discipline committee, the registrar may sever one or more complaints or other matters which are to be the subject of a discipline hearing as appropriate in the circumstances.
- (3) On the direction of a panel of the discipline committee, the registrar may amend a citation issued under section 37 of the *Act*.
- (4) If a citation is amended under subsection (3) prior to a discipline hearing, the amended citation must be delivered to the respondent by personal service or sent by registered mail to the respondent at the last address for the respondent recorded in the register not fewer than 14 days before the date of the hearing.

- (5) If a citation is amended under subsection (3) prior to a discipline hearing, and the amended citation changes the date, time or place of the hearing, the registrar must notify any complainant of the amendment not fewer than 14 days before the date of the hearing.

### Hearings of Discipline Committee

59. (1) No person may sit on the discipline committee while he or she is a member of the inquiry committee.
- (2) No member of the discipline committee may sit on the panel hearing a matter in which he or she:
- (a) was involved as a member of the inquiry committee, or
  - (b) has had any prior involvement.
- (3) Information about the date, time and subject matter of the hearing must be provided to any person on request.
- (4) The registrar may issue a public notice of a discipline committee hearing in a manner that the registrar considers appropriate, including publication of a citation.
- ~~(4)~~(5) The discipline committee must provide notice by registered mail or by personal service to a person who is required to attend a hearing under section 38(6) of the *Act* in Form 12.
- ~~(5)~~(6) All discipline hearings must be recorded and any person may obtain, at his or her expense, a transcript of any part of the hearing which he or she was entitled to attend.

### Notice of Disciplinary Decision

60. (1) In addition to any notification required under section 39.3 of the *Act* with respect to any of the actions referred to in section 39.3(1)(a) to (e) of the *Act*, the registrar
- (a) must notify all registrants,
  - (b) must notify the regulatory bodies governing the practice of pharmacy or the services of pharmacy technicians in every other Canadian jurisdiction, and
  - (c) may notify any other governing body of a health profession inside or outside of Canada.
- (2) Notification provided to all registrants under subsection (1)(a)
- (a) must include all information included in the public notification under section 39.3 of the *Act*, and
  - (b) unless otherwise directed by the inquiry committee or the



discipline committee, as the case may be, must exclude any information withheld from the public notification under section 39.3(3) or (4) of the *Act*.

- (3) Unless otherwise directed by the inquiry committee or the discipline committee, as the case may be, notification provided to other regulatory or governing bodies under subsection (1)(b) or (c) may include information that has been withheld from the public notification under section 39.3(3) or (4) of the *Act*.

### **Retention of Discipline Committee and Inquiry Committee Records**

61. Records of the inquiry committee and discipline committee must be retained permanently.

### **Registrant Under Suspension**

62. (1) If the registration of a registrant is suspended, the registrant must
- (a) not engage in the practice of pharmacy or provide the services of a pharmacy technician,
  - (b) not hold himself or herself out as a registrant,
  - (c) not hold office in the college,
  - (d) not be a manager,
  - (e) not make appointments for patients or prospective patients,
  - (f) remove the registrant's name and any sign relating to the registrant's practice from any premises where the registrant practiced pharmacy or provided the services of a pharmacy technician and any building in which any such premises are located,
  - (g) not contact or communicate with patients or prospective patients, except for the following purposes:
    - (i) to advise a patient or a prospective patient of the fact and duration of the suspension, and
    - (ii) to advise a patient or prospective patient that another registrant will continue to act or provide services in the suspended registrant's place, or
    - (iii) to refer a patient or prospective patient to another registrant, who is in good standing.
  - (h) pay any fee required by the college when due in order to remain a registrant and any other outstanding fine, fee, debt or levy owed to the college, and
  - (i) immediately surrender his or her registration card to the

registrar.

- (2) No registrant or former registrant is entitled to any refund of any fine, fee, debt or levy paid to the college solely on the basis that it was paid during or in relation to a period of suspension from practice.
- (3) During the period of suspension,
  - (a) a suspended full pharmacist may permit another full pharmacist in good standing to practice pharmacy, and
  - (b) a suspended pharmacy technician may permit a full pharmacist or another pharmacy technician, in good standing, to provide pharmacy services,in the premises where the full pharmacist or pharmacy technician formerly practiced pharmacy or provided pharmacy services, as applicable.

## Fines

63. The maximum amount of a fine that may be ordered by the discipline committee under section 39(2)(f) of the *Act* is \$100,000.

## PART VII –Registrant Records

### Definitions

64. In this Part, “**patient’s representative**” means
  - (a) a “committee of the patient” under the *Patient’s Property Act*,
  - (b) the parent or guardian of a patient who is under 19 years of age,
  - (c) a representative authorized by a representation agreement under the *Representation Agreement Act* to make or help in making decisions on behalf of a patient,
  - (d) a decision maker or guardian appointed under section 10 of the *Adult Guardianship Act*, or
  - (e) a temporary substitute decision maker chosen under section 16 of the *Health Care (Consent) and Care Facility (Admission) Act*.

### Purpose for which Personal Information may be Collected

65. No registrant may collect personal information regarding a patient without the patient’s consent unless
  - (a) the information relates directly to and is necessary for providing health care services to the patient or for related administrative purposes, or
  - (b) the collection of that information is expressly authorized by or

under an enactment.

### Source of Personal Information

66. (1) A registrant must collect personal information about a patient directly from the patient, unless the patient otherwise consents.
- (2) Despite subsection (1), a registrant may collect personal information about a patient from another person if he or she has reasonable grounds to believe
- (a) that the patient has been made aware of the matters set out in section 67(1) and has authorized collection of the personal information from another person,
  - (b) that the patient is unable to give his or her authority and the registrant, having made the patient's representative aware of the matters set out in section 67(1), collects the information from the representative or the representative authorizes collection from another person,
  - (c) that compliance with subsection (1) would:
    - (i) prejudice the best interests of the patient,
    - (ii) defeat the purpose or prejudice the use for which the information is collected, or
    - (iii) prejudice the safety of any person,
  - (d) that compliance with subsection (1) is not reasonably practicable in the circumstances of the particular case,
  - (e) that the collection is for the purpose of assembling a family or genetic history of a person and is collected directly from that person,
  - (f) that the information is publicly available,
  - (g) that the information:
    - (i) will not be used in a form in which the patient concerned is identified, or
    - (ii) will be used for statistical or research purposes and will not be published in a form that could reasonably be expected to identify the patient.
  - (h) that non-compliance with subsection (1) is necessary if the information is about law enforcement or anything referred to in sections 15(1) or (2) of the *Freedom of Information and Protection of Privacy Act*.

### Collection of Personal Information

67. (1) If a registrant collects personal information directly from a patient, or from a patient's representative, the registrant must take such steps as are, in the circumstances, reasonable to ensure that the patient or patient's representative is aware of
- (a) the fact that the personal information is being collected,
  - (b) the purpose for which the personal information is being collected,
  - (c) the intended recipients of the personal information,
  - (d) whether or not the supply of the personal information is voluntary or mandatory and, if mandatory, the legal authority for collecting the personal information,
  - (e) the consequences, if any, for that patient if all or any part of the requested personal information is not provided, and
  - (f) the rights of access to personal information provided in section 80.
- (2) The steps referred to in subsection (1) must be taken before the personal information is collected or, if that is not practicable, as soon as practicable after the personal information is collected.
- (3) A registrant is not required to take the steps referred to in subsection (1) in relation to the collection of personal information from a patient, or the patient's representative, if the registrant has taken those steps in relation to the collection, from the patient or patient's representative, of the same information or information of the same kind for the same or a related purpose, on a recent previous occasion.
- (4) Despite subsection (1), a registrant is not required to comply with subsection (1) if the registrant believes on reasonable grounds
- (a) that non-compliance is authorized by the patient concerned,
  - (b) that compliance would:
    - (i) prejudice the interests of the patient concerned, or
    - (ii) defeat the purpose or prejudice the use for which the information is collected,
  - (c) that compliance is not reasonably practicable in the circumstances of the particular case, or
  - (d) that the information is about law enforcement or anything referred to in sections 15(1) or (2) of the *Freedom of Information and Protection of Privacy Act*.

### **Manner of Collection of Personal Information**

68. Personal information must not be collected by a registrant
- (a) by unlawful means, or
  - (b) by means that in the circumstances intrude to an unreasonable extent upon the personal affairs of the patient concerned.

### **Accuracy of Personal Information**

69. The registrant must make every reasonable effort to ensure that personal information collected about patients is current and is legibly, accurately and completely recorded.

### **Right to Request Correction of Personal Information**

70. (1) A person who believes there is an error or omission in a record containing his or her personal information may request that the registrant having the record in his or her custody or control correct the information.
- (2) If, after receiving a request for correction under subsection (1), the registrant disagrees that there is an error or omission in the record, the registrant must note the request in the record with particulars of the correction that was sought.

### **Use of Personal Information**

71. A registrant may use personal information about a patient only
- (a) for the purpose of providing health care services to, or performing health care services for, the patient, or for a related administrative purpose, or
  - (b) for a use or disclosure consistent with a purpose specified in paragraph (a)
    - (i) if the patient has consented to the use, or
    - (ii) for a purpose for which that information may be disclosed by the registrant under section 72 or otherwise under the *Act*.

### **Disclosure of Personal Information**

72. A registrant must maintain confidentiality of personal information about a patient, and may disclose personal information about a patient only
- (a) if the patient concerned has consented to the disclosure,
  - (b) for the purpose of providing health care services to, or performing health care services for, the patient, or for a related administrative purpose, or for a disclosure consistent with either

purpose,

- (c) for the purpose of complying with an enactment of, or an arrangement or agreement made under an enactment of, British Columbia or Canada,
- (d) for the purpose of complying with a subpoena, warrant or order issued or made by a court, person or body with jurisdiction to compel the production of information,
- (e) to an employee of, or contractor providing services to, the registrant, if the information is necessary for the performance of the duties of, or for the protection of the health or safety of, the employee or contractor,
- (f) to a lawyer acting for the registrant, for use in civil or criminal proceedings involving the registrant,
- (g) if necessary to comply with the *Coroners Act*,
- (h) if necessary to comply with the *Ombudsman Act*,
- (i) for the purposes of
  - (i) collecting a debt or fine owing by a patient to the registrant, or
  - (ii) making a payment owing by the patient to a registrant,
- (j) to an auditor, the college or any other person or body authorized by law, for audit purposes,
- (k) if the registrant believes on reasonable grounds that there is a risk of significant harm to the health or safety of any person and that the use or disclosure of the information would reduce that risk,
- (l) so that the next of kin or a friend of an injured, ill or deceased individual may be contacted,
- (m) in accordance with the *Act*, the regulation, or these bylaws, or
- (n) as otherwise required by law.

### **Definition of Consistent Purpose**

73. A use or disclosure of personal information is consistent with the purposes of providing health care services to a patient or related administrative purposes under sections 71 and 72 if the use or disclosure has a reasonable and direct connection to either purpose.

### **Storage of Personal Information**

74. A registrant must ensure that all records pertaining to his or her practice, and containing personal information about patients are

safely and securely stored

- (a) at the pharmacy, or
- (b) off site.

### **Manner of Disposal of Records**

75. A registrant must ensure that records referred to in section 74 are disposed of only by
- (a) transferring the record to another registrant, or
  - (b) effectively destroying a physical record by utilizing a shredder or by complete burning, or
  - (c) erasing information recorded or stored by electronic methods on tapes, disks or cassettes in a manner that ensures that the information cannot be reconstructed.

### **Registrant Ceasing to Practice**

76. (1) Except where records must be retained for the purpose of Part 3 of the *Act* and Part 3 of the *Pharmacy Operations and Drug Scheduling Act*, in any case where a pharmacy is closed or a registrant ceases to practise, for any reason, the records referred to in section 74 must be transferred in accordance with this Part, and the college must be notified and provided with a written summary of the steps taken to transfer those records.
- (2) A registrant must make appropriate arrangements to ensure that, in the event that the registrant dies or becomes unable to practise for any reason and is unable to dispose of records referred to in section 74 those records will be safely and securely transferred to another registrant.
- (3) A registrant who transfers records containing personal information about a patient transferred in accordance with subsection (1) or (2) must notify the patient.

### **Protection of Personal Information**

77. (1) A registrant must protect personal information about patients by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure or disposal.
- (2) A registrant must take reasonable measures to ensure that a third party, including a volunteer, employee or contractor of the registrant, or a limited pharmacist does not access, collect, use, disclose, store or dispose of personal information about patients except in accordance with this Part.

### **Contracts for Handling Personal Information**

78. A registrant must ensure that, if personal information about patients is transferred to any person or service organization for processing, storage or disposal, a contract is made with that person which includes an undertaking by the recipient that confidentiality and physical security will be maintained.

### **Remedying a Breach of Security**

79. A registrant must take appropriate measures to remedy any unauthorized access, use, disclosure or disposal of personal information about patients under this Part as soon as possible after the breach is discovered, including
- (a) taking steps to recover the personal information or to ensure its disposal if it cannot be recovered,
  - (b) taking steps to ensure that any remaining personal information is secured,
  - (c) notifying
    - (i) anyone affected by the unauthorized access including patients and other health care providers,
    - (ii) the college, and
    - (iii) law enforcement officials, if criminal action may have contributed to the unauthorized action, and
  - (d) modifying existing security arrangements to prevent a re-occurrence of the unauthorized access.

### **Patient Access to Personal Information**

80. (1) For the purposes of this section, “access to” means the opportunity to examine or make copies of the original record containing personal information about a patient.
- (2) If a patient or a patient’s representative makes a request for access to personal information about the patient, the registrant must comply as soon as practical but not more than 45 days following the request by
- (a) providing access to the patient or patient’s representative,
  - (b) providing access to the remainder of the personal information if that information excepted from disclosure under subsection (3) can reasonably be severed, or
  - (c) providing written reasons for the refusal of access to the personal information or to any portion thereof.
- (3) The registrant may refuse to disclose personal information to a



patient or a patient's representative

- (a) if there is a significant likelihood of a substantial adverse effect on the physical, mental or emotional health of the patient,
  - (b) if there is a significant likelihood of harm to a third party, or
  - (c) if the disclosure could reasonably be expected to disclose personal information regarding another individual.
- (4) If a patient or a patient's representative requests a copy of an original record containing personal information about the patient to which a registrant has given the patient or patient's representative access, a copy must be provided if it can reasonably be reproduced.
- (5) A registrant may charge a reasonable fee for the reproduction of personal information which does not exceed the fee specified in Schedule "G".
- (6) Subject to subsection (3), a patient under 19 years of age may have access to a record if, in the opinion of the registrant, the patient is capable of understanding the subject matter of the record.
- (7) Except if authorized by the patient, a registrant must not provide access to the records of a patient who is under 19 years of age to the guardian or parent of the patient if the subject matter of the record is health care which was provided without the consent of a parent or guardian in accordance with the requirements of section 17 of the *Infants Act*.

## Part VIII – General

### Liability Insurance

81. (1) Each registrant, other than a student registrant or a non-practising registrant, must obtain and at all times maintain professional liability insurance coverage with a limit of liability not less than \$2,000,000 insuring against liability arising from an error, omission or negligent act of the registrant.
- (2) Each registrant, other than a student registrant or a non-practising registrant, must obtain and at all times maintain professional liability insurance coverage with a limit of liability not less than \$2,000,000 insuring against liability arising from an error, omission or negligent act of an employee of the registrant.

## Part IX – Marketing and Advertising

### Definitions

~~82.~~

~~In this Part:~~

~~"advertisement" means the use of space or time in a public medium,~~

~~or the use of a commercial publication such as a brochure or handbill, to communicate with the general public, or a segment thereof, for the purpose of promoting professional services or enhancing the image of the advertiser;~~

~~"marketing" includes~~

- ~~(a) an advertisement,~~
- ~~(b) any publication or communication in any medium with any patient, prospective patient or the public generally in the nature of an advertisement, promotional activity or material, a listing in a directory, a public appearance or any other means by which professional services are promoted, and~~

~~contact with a prospective client initiated by or under the direction of a registrant.~~

### Application of Part

82. All registrants must comply with Part X of the bylaws to the *Pharmacy Operations and Drug Scheduling Act*.

### Marketing and Advertising

- ~~83. (1) When advertising pharmacy services that are required by legislation, the statement, "Required in all British Columbia Pharmacies", must accompany the advertising and must be of the same size and prominence as all other print in the advertising.~~
- ~~(2) Schedule I drug price advertising must include~~
- ~~(a) the proprietary (brand) name, if any, for the drug and/or the device,~~
  - ~~(b) the drug product's generic name and the manufacturer's name,~~
  - ~~(c) the dosage form and strength,~~
  - ~~(d) total price for a specific number of dosage units or quantity of the drug product, and~~
  - ~~(e) the phrase "only available by prescription".~~
- ~~(3) Where Schedule I drug price advertising includes direct or indirect reference to a professional fee charged, the total prescription price must also be incorporated into the advertisement, and both figures must be featured equally.~~
- ~~(4) Schedule I drug price advertising must not include any reference to the safety, effectiveness or indications for use of the advertised prescription drug products or compare the fees charged by the registrant with those charged by another registrant.~~

- ~~(5) — Any marketing undertaken or authorized by a registrant in respect of his or her professional services must not be~~
- ~~(a) — false,~~
  - ~~(b) — inaccurate,~~
  - ~~(c) — reasonably expected to mislead the public, or~~
  - ~~(d) — unverifiable.~~
- ~~(6) — Marketing violates subsection (5) if it~~
- ~~(a) — is calculated or likely to take advantage of the weakened state, either physical, mental or emotional, of the recipient or intended recipient,~~
  - ~~(b) — is likely to create in the mind of the recipient or intended recipient an unjustified expectation about the results which the registrant can achieve,~~
  - ~~(c) — implies that the registrant can obtain results~~
    - ~~(i) — not achievable by other registrants,~~
    - ~~(ii) — by improperly influencing a public body or official, or any corporation, agency or person having any interest in the welfare of the recipient,~~
    - ~~(iii) — by any other improper means, or~~
  - ~~(d) — compares the quality of services provided with those provided by another registrant, or a person authorized to provide health care services under another enactment, or another health profession.~~
- ~~(7) — The home page of any pharmacy that advertises on a website must clearly show~~
- ~~(a) — that the pharmacy is licensed in British Columbia,~~
  - ~~(b) — the contact information for the college,~~
  - ~~(c) — a notice to patients that pharmacy practice issues may be reported to the college,~~
  - ~~(d) — the physical location of the pharmacy operation,~~
  - ~~(e) — the 10-digit pharmacy telephone number, and~~
  - ~~(f) — the name of the pharmacy's manager.~~

## **Part X – Patient Relations**

### **Patient Relations Program**

- 84.83 (1) The board must establish a patient relations program to seek to prevent professional misconduct, including professional misconduct of a sexual nature.
- (2) For the purposes of the patient relations program, the board must
- (a) establish and maintain procedures by which the college deals with complaints of professional misconduct of a sexual nature,
  - (b) monitor and periodically evaluate the operation of procedures established under subsection (a), and
  - (c) develop guidelines for the conduct of registrants with their patients.
- (3) The registrar must provide information to the public regarding the college's complaint, investigation, and discipline processes.
- (4) In this section, "**professional misconduct of a sexual nature**" means
- (a) sexual intercourse or other forms of physical sexual relations between the registrant and the patient,
  - (b) touching of a sexual nature, of the patient by the registrant, or
  - (c) behavior or remarks of a sexual nature by the registrant towards the patient,
- but does not include touching, behavior and remarks by the registrant towards the patient that are of a clinical nature appropriate to the service being provided.

## Part XI – Standards of Practice

### Community Pharmacy, Hospital Pharmacy, Residential Care Facilities and Homes

- 85-84 Standards, limits, and conditions for the practice of the health profession of pharmacy and the provision of pharmacy technician services by registrants, referred to in section 19(1)(k) of the *Act* are established in Parts 1 to 3 of Schedule "F".

### Injection Drug Administration

- 86-85 Standards, limits, and conditions respecting **full-practising** pharmacists and drug administration by injection, referred to in section 19(1)(k) of the *Act*, are established in Part 4 of Schedule "F".

### Medication Management

86. Standards, limits, and conditions for the practice of the health profession of pharmacy and the provision of pharmacy technician services by registrants, referred to in section 19(1)(k) of the *Act* are established in Part 5 of Schedule "F".

## Part XII – Standards of Professional Ethics

### Code of Ethics

87. Standards of professional ethics for registrants, including standards for the avoidance of conflicts of interest, referred to in section 19(1)(l) of the *Act*, are established in Schedule “A”.

DRAFT

# Health Professions Act – BYLAWS

## SCHEDULE F

### PART 1 - Community Pharmacy Standards of Practice

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<b>Application</b>		
1.		This Part applies to all registrants providing pharmacy services in a community pharmacy.
<b>Definitions</b>		
2.		In this Part: <p><b>“community pharmacy”</b> has the same meaning as in section 1 of the bylaws of the college under the <i>Pharmacy Operations and Drug Scheduling Act</i>;</p> <p><b>“medication management”</b> <a href="#">has the same meaning as in section 2, Schedule F, Part 5 of the bylaws of the College under the <i>Health Professions Act</i></a>;</p> <p><b>“patient”</b> <a href="#">includes a patient’s representative</a>;</p> <p><b>“personal health number”</b> means a unique numerical lifetime identifier used in the specific identification of an individual patient who has any interaction with the BC health system;</p> <p><b>“prescription copy”</b> means a copy of a prescription given to a patient by a registrant for information purposes only;</p> <p><b>“prescription transfer”</b> means the transfer via direct communication from a registrant to another registrant of all remaining refill authorizations for a particular prescription to a requesting community pharmacy;</p> <p><b>“refill”</b> means verbal or written approval from a practitioner authorizing a registrant to dispense additional quantities of drug(s) pursuant to a prescription;</p> <p><b>“renewal”</b> means authorization by a full pharmacist to dispense additional quantities of drug(s) pursuant to a previously dispensed prescription, in accordance with section 25.92 of the <i>Act</i>;</p> <p><b>“Residential Care Facilities and Homes Standards of Practice”</b> means the standards, limits and conditions for practice established in Part 3 of this Schedule.</p>
<b>Patient Choice</b>		
3.		Registrants, owners and directors must not enter into agreements with patients, patient’s representatives, practitioners, corporations, partnerships, or any other person or entity, that limit a patient’s choice of pharmacy, except as required or permitted under the bylaws.
<b>Community Pharmacy Technicians</b>		
4.—	(1)	<del>Pharmacy technicians in a community pharmacy may prepare, process and compound prescriptions, including</del>

		<p><del>(a) — receiving and transcribing verbal prescriptions from practitioners,</del></p> <p><del>(b) — ensuring that a prescription is complete and authentic,</del></p> <p><del>(c) — transferring prescriptions to and receiving prescriptions from other pharmacies,</del></p> <p><del>(d) — ensuring the accuracy of a prepared prescription,</del></p> <p><del>(e) — performing the final check of a prepared prescription, and</del></p> <p><del>(f) — ensuring the accuracy of drug and personal health information in the PharmaNet patient record.</del></p> <p><del>(g) —</del></p>
	(2)	<p><del>Despite subsection (1), a pharmacy technician in a community pharmacy may dispense a drug but must not</del></p> <p><del>(a) — perform the task of ensuring the pharmaceutical and therapeutic suitability of a drug for its intended use, or</del></p> <p><del>(b) — do anything described in</del></p> <p><del>(i) — sections 6(5), 6(10), 10(2), 11(3), 11(4), 12, 13(2) or 13(3) of this Part, or</del></p> <p><del>(ii) — Part 4 of this Schedule.</del></p>
	(3)	<p><del>A pharmacy technician must identify his or her registrant class in any interaction with a patient or a practitioner.</del></p>
<b>Pharmacy Assistants</b>		
<u>4.</u>		<p>A registrant may delegate technical functions relating to the operation of the community pharmacy to a pharmacy assistant if the registrant directly supervises the pharmacy assistant and implements procedures, checks and controls to ensure the accurate and safe delivery of community pharmacy services.</p>
<b>Prescription</b>		
5.	(1)	<p>A registrant must ensure that a prescription is authentic.</p>
	(2)	<p>Upon receipt from the practitioner, a prescription must include the following information:</p> <p>(a) the date the prescription was written;</p> <p>(b) the name and address of the patient;</p> <p>(c) the name of the drug or ingredients and strength if applicable;</p> <p><u>(d) the quantity of the drug for controlled drug substances;</u></p> <p><u>(e) the quantity of the drug or the calculated quantity based on the</u></p>



		<p><u>directions and duration of use</u></p> <p><del>(e)</del>(f) the dosage instructions including the frequency, interval or maximum daily dose;</p> <p><del>(f)</del>(g) refill authorization if applicable, including number of refills; <del>and interval between refills;</del></p> <p><del>(g)</del>(h) the <u>practitioner's name, identification number and signature of the practitioner for written prescriptions</u> <del>the practitioner's college registration identification number for prescriptions on the Controlled Prescription Program and the practitioner's signature of the practitioner for all written prescriptions;</del></p> <p><del>(h)</del>(i) <u>the date on which the drug is dispensed.</u></p>
	(3)	For the purpose of subsection (4), "prescription" includes a new prescription, a refill, a renewal or a balance owing.
	(4)	<p>At the time of dispensing, a prescription must include the following additional information:</p> <p>(a) the prescription number;</p> <p>(b) the date on which the prescription was dispensed;</p> <p>(c) the manufacturer's drug identification number or the brand name of the product dispensed;</p> <p>(d) the quantity dispensed;</p> <p>(e) the <u>handwritten or electronic</u> identification of each registrant and pharmacy assistant involved in each step of the dispensing process;</p> <p>(f) <u>the</u> written <u>or electronic</u> confirmation and identification of the registrant who</p> <p>(i) reviewed the personal health information stored in the PharmaNet database,</p> <p>(ii) reviewed the drug usage evaluation messages (DUE) from the PharmaNet database,</p> <p>(iii) performed the consultation in accordance with section <u>4211</u> of this Part, and</p> <p><u>(iv)</u> performed the final check including when dispensing a balance owing.</p> <p>(g) <u>the practitioner's college registration identification number.</u></p>
	(5)	<p>A full pharmacist must</p> <p>(a) review prescriptions for completeness and appropriateness with</p>

		<p>respect to the drug, dosage, route and frequency of administration,</p> <p>(b) review patient personal health information for potential drug interactions, allergies, therapeutic duplications and any other potential problems,</p> <p>(c) consult with patients concerning the patient's drug history and other personal health information,</p> <p>(d) consult with practitioners with respect to a patient's drug therapy, <u>when necessary</u> unless s.25.92(2) of the <i>Act</i> applies, and</p> <p>(e) follow-up on suspected adverse drug reactions.</p>
	(6)	A registrant may receive verbal prescription authorizations directly from a practitioner or from a practitioner's recorded voice message.
	(7)	A registrant must make a written <u>or electronic</u> record of a verbal authorization, and include his or her <u>written or electronic</u> signature or initial.
	(8)	A registrant must not dispense a prescription issued for more than one patient.
	(9)	<p>For refill authorizations, a registrant</p> <p>(a) may</p> <p>(i) accept a refill authorization for Schedule I drugs from a practitioner's agent if confident the agent consulted the practitioner and accurately conveyed the practitioner's direction,</p> <p>(ii) retain the current prescription number for a quantity change if the software system is capable of retaining a record of the quantity dispensed on each previous occasion, and</p> <p>(iii) document the refill authorization on the original prescription if</p> <p>(A) a computerized transaction log is maintained, or</p> <p>(B) a new prescription number is assigned, and</p> <p>(b) must</p> <p>(i) cancel any unused refill authorizations remaining on any previous prescription if a patient presents a new prescription for a previously dispensed drug,</p> <p>(ii) advise the other pharmacy of the new prescription if</p>

		<p>unused refills are at another pharmacy, and</p> <p>(iii) create a new prescription number if a renewal authorization involves a different drug identification number, practitioner or directions for use.</p>
	(10)	<p>If a full pharmacist authorizes a prescription renewal, he or she must</p> <p>(a) create a written <u>or electronic</u> record,</p> <p>(b) assign a new prescription number, and</p> <p>(c) use his or her college identification number in the practitioner field on PharmaNet.</p>
<b>Transmission by Facsimile</b>		
<del>5.6.</del>	(1)	<p>Prescription authorizations may be received by facsimile from a practitioner to a pharmacy, if</p> <p>(a) the prescription is sent only to a pharmacy of the patient's choice,</p> <p>(b) the facsimile equipment is located within a secure area to protect the confidentiality of the prescription information, and</p> <p>(c) in addition to the requirements of section <u>6(2)5(2)</u>, the prescription includes</p> <p>(i) the practitioner's telephone number, facsimile number and unique identifier if applicable,</p> <p>(ii) the time and date of transmission, and</p> <p>(iii) the name and fax number of the pharmacy intended to receive the transmission.</p>
	(2)	<p>Prescription refill authorization requests may be transmitted by facsimile from a pharmacy to a practitioner, if the pharmacy submits refill requests on a form that includes space for</p> <p>(a) the information set out in section <u>6(2)5(2)</u>,</p> <p>(b) the name, address and <u>40 digit</u> telephone number of the pharmacy, and</p> <p>(c) the practitioner's name, date and time of transmission from the practitioner to the pharmacy.</p>
	(3)	<p>A registrant must not dispense a prescription authorization received by facsimile transmission for a drug referred to on the Controlled Prescription <u>Program</u> Drug List.</p>
	(4)	<p>Prescription transfers may be completed by facsimile transmission if</p>

		<p>(a) the transferring registrant includes his or her name and the address of the pharmacy with the information required in section <del>8(4)7(4)</del>, and</p> <p>(b) the name of the registrant receiving the transfer is known and recorded on the document to be faxed.</p>
<b>Prescription Copy and Transfer</b>		
<del>6.7.</del>	(1)	If requested to do so, a registrant must provide a copy of the prescription to the patient or the patient's representative, or to another registrant.
	(2)	<p>A prescription copy must contain</p> <p>(a) the name and address of the patient,</p> <p>(b) the name of the practitioner,</p> <p>(c) the name, strength, quantity and directions for use of the drug,</p> <p>(d) the dates of the first and last dispensing of the prescription,</p> <p>(e) the name and address of the community pharmacy,</p> <p>(f) the number of authorized refills remaining,</p> <p><u>(g) the date the original prescription was written,</u></p> <p><del>(g)(h)</del> the signature of the registrant supplying it, and</p> <p><del>(h)(i)</del> an indication that it is a copy.</p>
	(3)	<p>Upon request, a registrant must transfer to a pharmacy licenced in Canada a prescription for a drug if</p> <p>(a) the drug does not contain a controlled drug substance, and</p> <p>(b) the transfer occurs between a registrant and another registrant or an equivalent of a registrant in another Canadian jurisdiction.</p>
	(4)	<p>A registrant who transfers a prescription to another registrant under subsection (3) must</p> <p>(a) enter on the patient record</p> <p>(i) the date of the transfer,</p> <p>(ii) the registrant's identification,</p> <p>(iii) identification of the community pharmacy to which the prescription was transferred, and</p> <p><u>(iv)</u> identification of the person to whom the prescription was transferred, and</p>

		<p><u>(v) the prescribing date of the prescription</u></p> <p>(b) transfer all prescription information listed in subsection (2) (a) to (gf).</p>
	(5)	A registrant must make prescriptions available for review and copying by authorized inspectors of Health Canada.
<b>Prescription Label</b>		
<u>6-8.</u>	(1)	All drugs dispensed pursuant to a prescription or a full pharmacist-initiated adaptation must be labeled.
	(2)	<p>The label for all prescription drugs must include</p> <p>(a) the name, address and <del>10-digit</del> telephone number of the pharmacy,</p> <p>(b) the prescription number and dispensing date,</p> <p>(c) the full name of the patient,</p> <p>(d) the name of the practitioner,</p> <p>(e) the quantity and strength of the drug,</p> <p>(f) the practitioner's directions for use, and</p> <p>(g) any other information required by good pharmacy practice.</p>
	(3)	<p>For a single-entity product, the label must include</p> <p>(a) the generic name, and</p> <p>(b) at least one of</p> <p>(i) the brand name,</p> <p>(ii) the manufacturer's name, or</p> <p>(iii) the drug identification number.</p>
	(4)	<p>For a multiple-entity product, the label must include</p> <p>(a) the brand name, or</p> <p>(b) all active ingredients, and at least one of</p> <p>(i) the manufacturer's name, or</p> <p>(ii) the drug identification number.</p>
	(5)	For a compounded preparation, the label must include all active ingredients.

	(6)	<p>If a drug container is too small to accommodate a full label in accordance with subsection (2),</p> <p>(a) a trimmed prescription label must be attached to the small container,</p> <p>(b) the label must include</p> <ul style="list-style-type: none"> <li>(i) the prescription number,</li> <li>(ii) the dispensing date,</li> <li>(iii) the full name of the patient, and</li> <li>(iv) the name of the drug, and</li> </ul> <p>(c) the complete prescription label must be attached to a larger container and the patient must be advised to keep the small container inside the large container.</p>
	(7)	All required label information must be in English, but may contain directions for use in the patient's language following the English directions.
<b>Dispensing</b>		
7.9.	(1)	<p>A registrant may adjust the quantity of drug to be dispensed if</p> <p>(a) a patient requests a smaller amount,</p> <p>(b) a manufacturer's unit-of-use standard of package size does not match the prescribed quantity,</p> <p>(c) the quantity prescribed exceeds the amount covered by the patient's drug plan, or</p> <p>(d) a trial prescription quantity is authorized by the patient.</p>
	(2)	<p>A full pharmacist may adjust the quantity of drug to be dispensed, if</p> <p>(a) he or she consults with a practitioner and documents the result of the consultation, and</p> <p>(b) if</p> <ul style="list-style-type: none"> <li>(i) a poor compliance history is evident on the patient record,</li> <li>(ii) drug misuse is suspected, or</li> <li>(iii) the safety of the patient is in question due to the potential for overdose.</li> </ul>
	(3)	If a registrant doubts the authenticity of a prescription, the registrant may refuse to dispense the drug.

	(4)	<p>All drugs must be dispensed in a container that is certified as child-resistant unless</p> <p>(a) the practitioner, the patient or the patient's representative directs otherwise,</p> <p>(b) in the registrant's judgment, it is not advisable to use a child-resistant container,</p> <p>(c) a child-resistant package is not suitable because of the physical form of the drug or the manufacturer's packaging is designed to improve patient compliance, or</p> <p>(d) child-resistant packaging is unavailable.</p>
	(5)	A registrant must not dispense a prescription more than one year from the prescribing date, except for oral contraceptives which may be dispensed for up to two years.
<b>Patient Record</b>		
<del>8-10.</del>	(1)	<p>A patient record must be prepared and kept current for each patient for whom:</p> <p><u>(a) a Schedule I drug is dispensed,</u></p> <p><u>(b) medication management is provided, or</u></p> <p><del>(a)(c)</del> <u>both.</u></p>
	(2)	<p>The patient record must include</p> <p>(a) the patient's full name,</p> <p>(b) the patient's personal health number,</p> <p>(c) the patient's address,</p> <p>(d) the patient's <u>10-digit</u> telephone number <u>if available,</u></p> <p>(e) the patient's date of birth,</p> <p><u>(f) the patient's gender,</u></p> <p><u>(g) the patient's allergies, adverse drug reactions and intolerances, and the date the information was collected,</u></p> <p><del>(f)</del></p> <p><del>(g)(h)</del> <u>(h) the patient's clinical conditions, if available allergies, adverse drug reactions and intolerances if available including the source and date the information was collected,</u></p> <p><del>(h)</del> <u>(i) the date the drug is dispensed,</u></p>

		<p><del>(i)</del>(i) the prescription number,</p> <p><del>(j)</del>(k) the generic name, strength and dosage form of the drug,</p> <p><del>(k)</del>(l) the drug identification number,</p> <p><del>(l)</del>(m) the quantity of drug dispensed,</p> <p><del>(m)</del>(n) the intended duration of therapy, specified in days,</p> <p><del>(n)</del>(o) the date and reason for discontinuation of therapy,</p> <p><del>(o)</del>(p) the directions to the patient,</p> <p><del>(p)</del>(q) the identification of the prescribing practitioner,</p> <p><del>(q)</del>(r) special instructions from the practitioner to the registrant, <b>if appropriate,</b></p> <p><del>(r)</del>(s) past and present prescribed drug therapy including the drug name, strength, dosage, frequency, duration and effectiveness of therapy,</p> <p><del>(s)</del>(t) compliance with the prescribed drug regimen, and</p> <p><del>(t)</del>(u) Schedule II and III drug use if <b>appropriate</b><u>available</u>.</p>
	<del>(3)</del> —	<p><del>If a full pharmacist obtains a drug history from a patient, he or she must request and if appropriate record the following information on the patient record:</del></p> <p><del>(a) — medical conditions and physical limitations;</del></p> <p><del>(a) — allergies, adverse drug reactions and intolerances;</del></p> <p><del>(b) — past and current prescribed drug therapy including the drug name, strength, dosage, frequency, duration and effectiveness of therapy;</del></p> <p><del>(c) — compliance with the prescribed drug regimen;</del></p> <p><del>(d) — Schedule II and III drug use.</del></p>
	<del>(4)</del> <u>(3)</u>	<p>A full pharmacist must review the patient's personal health information stored on the PharmaNet database before dispensing a drug, <u>providing medication management or both,</u> and take appropriate action <b>if necessary</b> with respect to</p> <p>(a) appropriateness of drug therapy,</p> <p>(b) drug interactions,</p> <p>(c) allergies, adverse drug reactions and intolerances,</p> <p>(d) therapeutic duplication,</p> <p>(e) correct dosage, route, frequency and duration of administration</p>



		<p>and dosage form,</p> <p>(f) contraindicated drugs,</p> <p>(g) degree of compliance, and</p> <p>(h) any other potential drug <u>therapy-related</u> problems.</p>
<b>Pharmacist/Patient Consultation</b>		
9-11.	(1)	<p><del>A full pharmacist must provide verbal patient consultation to the patient at the time of dispensing/patient consultation is required for all new and refill prescriptions. Full pharmacist/patient consultation for Schedule I, II and III drugs should occur in person if practical, or by telephone and must respect the patient's right to privacy. A full pharmacist must provide verbal consultation to the patient, or the patient's representative, at the time of dispensing for all new and refill prescriptions in accordance with subsection (3).</del></p>
	(2)	<p><del>Full pharmacist/patient consultation is required for all prescriptions. Full pharmacist/patient consultation for all new and refill prescriptions Schedule I, II and III drugs must occur in person if practical, or by telephone, and must respect the patient's right to privacy.</del></p>
	(3)	<p>Subject to subsection (6), a full, limited or student pharmacist must engage in direct consultation with a patient or the patient's representative regarding a Schedule I drug, and must</p> <p>(a) confirm the identity of the patient,</p> <p>(b) identify the name and strength of drug being dispensed,</p> <p>(c) identify the purpose of the drug,</p> <p>(d) provide directions for use of the drug including the frequency, duration and route of therapy,</p> <p>(e) discuss common adverse effects, drug and food interactions and therapeutic contraindications that may be encountered, including their avoidance, and the actions required if they occur,</p> <p>(f) discuss storage requirements,</p> <p>(g) provide prescription refill information,</p> <p>(h) provide information regarding</p> <p>(i) how to monitor the response to therapy,</p> <p>(ii) expected therapeutic outcomes,</p> <p>(iii) action to be taken in the event of a missed dose, and</p> <p>(iv) when to seek medical attention, and</p>

		(i) provide other information unique to the specific drug or patient.
	(4)	If a drug-related therapy problem is identified during full pharmacist/patient consultation, the full pharmacist must take appropriate action to resolve <u>and document</u> the problem.
	(5)	If an adverse drug reaction as defined by Health Canada is identified, a full pharmacist must notify the patient's practitioner, make an appropriate entry on the PharmaNet record and report the reaction to the <u>appropriate department of Health</u> Canada. <del>Vigilance Program Regional Office.</del>
	(6)	A full, limited or student pharmacist must use reasonable means to comply with subsections (1), (2) and (3) for patients or the patient's representatives who have language or communication difficulties.

**Documentation**

<del>12.</del>	<del>(1)</del>	<del>A full pharmacist must document directly in the patient record all activities and information pertaining to the prescription drug therapy of the patient.</del>
	<del>(2)</del>	<del>The documentation must include but is not limited to  (a) actual or potential drug related therapy problems that warrant monitoring,  (b) recommendations for changes in drug selection, dosage, duration of therapy, and route of administration,  (c) recommendations for monitoring the response to drug therapy,  (d) notations of consultations provided to other health care professionals about the patient's drug therapy selection and management,  (e) notations of drug related patient education and/or consultation provided,  (f) clarification of drug orders and practitioner's telephone orders received directly by the registrant, and  (g) allergies, adverse drug reactions and intolerances.</del>
	<del>(3)</del>	<del>A registrant must document a telephone order received from a practitioner in the patient record.</del>

**Schedule II and III Drugs**

<a href="#"><u>12.</u></a>	(1)	A registrant must not attribute a new prescription or refill for a Schedule II or Schedule III drug to a practitioner without the authorization of the practitioner.
	(2)	If a patient purchases a Schedule II drug, a full, limited or student pharmacist must counsel the patient <del>or the patient's representative</del> regarding the selection and use of the drug.
	(3)	A full pharmacist must be available for consultation with a patient <del>or patient's representative</del> who wishes to select a Schedule III drug.
<b>Compounding Sterile Preparations</b>		
<a href="#"><u>14.</u></a>		<p><del>Sterile products must be prepared and distributed in an environment that is in accordance with</del></p> <p><del>(a) the Canadian Society of Hospital Pharmacists' Guidelines for Preparation of Sterile Products in Pharmacies,</del></p> <p><del>(b) the USP Pharmaceutical Compounding – Sterile Products Guidelines, and</del></p> <p><del>(a)(c) such other published standards approved by the board from time to time.</del></p>
<b>Sole Pharmacy Services Provider</b>		
<a href="#"><u>14.13.</u></a>		<p>The manager of a pharmacy may enter into an agreement with another person to be the sole provider of pharmacy services in a premise or part of a premise, if</p> <p>(a) pharmacy services are provided in a manner that is consistent with the <i>Residential Care Facilities and Homes Standards of Practice</i>,</p> <p>(b) patient therapeutic outcomes are monitored to enhance patient safety, and</p> <p>(c) appropriate provision has been made for safe and effective distribution, administration and control of drugs.</p>

# Health Professions Act – BYLAWS

## SCHEDULE F

### PART 2 – Hospital Pharmacy Standards of Practice

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Application		
1.		This Part applies to all registrants providing pharmacy services in a hospital pharmacy, <a href="#">a hospital pharmacy remote site</a> , <del>or a hospital pharmacy satellite</del> <a href="#">and a telepharmacy remote site</a> .
Definitions		
2.		<p>In this Part:</p> <p><b>“bulk/batch drug repackaging”</b> means the repackaging in a single process of multiple units, not for immediate use;</p> <p><b>“bulk compounding”</b> means the preparation of products which are not commercially available in anticipation of a practitioner’s order;</p> <p><b>“Community Pharmacy Standards of Practice”</b> means the standards, limits and conditions for practice established in Part 1 of this Schedule;</p> <p><b>“hazardous drugs”</b> means pharmaceutical preparations in which the concentration, toxicity, environmental persistence, degradation characteristics, flammability, corrosiveness, or reactivity represents a risk to the health of humans or other living organisms;</p> <p><b>“healthcare provider”</b> has the same meaning as in Section 21 of the Bylaws made pursuant to the <i>Pharmacy Operations and Drug Scheduling Act</i>;</p> <p><b>“hospital pharmacy”</b> has the same meaning as in section 1 of the bylaws of the college under the <i>Pharmacy Operations and Drug Scheduling Act</i>;</p> <p><b>“hospital pharmacy remote site”</b> has the same meaning as in section 1 of the bylaws of the college under the <i>Pharmacy Operations and Drug Scheduling Act</i>;</p> <p><b>“hospital pharmacy satellite”</b> has the same meaning as in section 1 of the bylaws of the college under the <i>Pharmacy Operations and Drug Scheduling Act</i>;</p> <p><b>“individual patient prescription system”</b> means a form of drug distribution in which drugs are dispensed in patient-specific labelled drug containers;</p> <p><b>“master formula”</b> means a set of instructions outlining in detail the materials, equipment, and procedures required to produce a specific quantity of a product;</p> <p><b>“medication management”</b> has the same meaning as in section 2, Schedule F, Part 5 of the bylaws of the College under the <i>Health Professions Act</i>;</p> <p><b>“multiple pouch packaging”</b> means a pouch containing drugs to be administered at a particular time;</p> <p><b>“unit dose distribution”</b> means a form of drug distribution in which orders for each patient are dispensed individually and packaged in unit-of-use packages containing one dose;</p> <p><b>“ward stock”</b> means drugs that are stocked in a patient care area and are not labelled for a particular patient.</p>

<b>Drug Distribution</b>		
3.	(1)	<p><del>A</del>The <u>hospital pharmacy's manager must establish a drug distribution system that</u></p> <p>(a) <del>provides drugs in identified dosage units ready for administration whenever possible and practical,</del></p> <p><del>protects drugs from contamination</del><u>removes all expired and contaminated drugs from the inventory of the hospital and its associated hospital pharmacy satellites, telepharmacy remote sites and hospital pharmacy remote sites,</u></p> <p>(b) <del>removes all recalled drugs from the inventory of the hospital and its associated hospital pharmacy satellites, telepharmacy remote sites and hospital pharmacy remote sites,</del></p> <p>(c) <del>provides a method of recording drugs at the time of administration, and</del></p> <p>(d) <del>eliminates or reduces the need to maintain ward stock.</del></p>
	(2)	<p><del>A unit dose, monitored dose, multiple pouch packaging or individual patient prescription drug distribution system must be used for dispensing drugs.</del></p> <p>(3) <del>Drugs must be stored in conditions that protect their integrity, stability and sterility, or as directed in published standards approved by the Board from time to time,</del></p>
	(4)	<p><del>Sterile products must be prepared and distributed in an environment that is in accordance with</del></p>
		<p>(a) <del>latest recommendations and requirements from the Canadian Society of Hospital Pharmacists approved by the Board' Guidelines for Preparation of Sterile Products in Pharmacies,</del></p> <p>(b) <del>latest recommendations and requirements from The United States Pharmacopeia approved by the Boardthe USP Pharmaceutical Compounding — Sterile Products Guidelines, and</del></p> <p>(c) <del>such any other published standards approved by the bBoard from time to time.</del></p>
	(5)	<p><del>Hazardous drugs must be handled and prepared in accordance with the latest recommendations and requirements Requirements for the Safe Handling of Antineoplastic Agents in Health Care Facilities published by the Workers Compensation Board of British Columbia and such other published standards approved by the bBoard from time to time.</del></p>
<b>Drug Label</b>		
4.3	(1)	<p>Drug container labels must include</p> <p>(a) the generic name of the drug, strength and dosage form, and</p> <p>(b) hospital approved abbreviations and symbols.</p>

	(2)	Only hospital pharmacy staff may alter a drug container label.
	(3)	Inpatient prescription labels must include (a) a unique patient name and identifier, (b) the generic name of the drug, strength and dosage form, (c) parenteral vehicle if applicable, and <u>(d)</u> hospital approved abbreviations and symbols.
	<u>(4)</u>	<del>Labels for inpatient pass and emergency department take-home drugs</del> <u>labels</u> must include: (a) the hospital's name, address and phone number, (b) the patient's name, (c) the practitioner's name, (d) the drug name, strength and directions for use, (e) identification of the person preparing the drug, and (f) the date the drug is issued.
	<u>(5)</u>	<u>Drugs dispensed from a hospital pharmacy remote site must be labeled according to standards established by the regulatory body of the dispensing health care provider or in accordance with policies approved by the Board.</u>
	<u>(6)</u>	The following information must be included on the inpatient prescription label if not available on the medication administration record: (a) the frequency of administration; (b) the route of administration or dosage form; (c) auxiliary or cautionary statements if applicable; (d) the date dispensed.
	<u>(7)</u>	All drugs dispensed to staff, outpatients or the general public from a hospital pharmacy or hospital pharmacy satellite must be labeled and dispensed according to the <i>Community Pharmacy Standards of Practice</i> .
<b>Returned Drugs</b>		

<u>54.</u>	(1)	Unused dispensed drugs must be returned to the hospital pharmacy.
	<u>(2)</u>	<u>Returned drugs must be stored in a controlled and monitored area, away from public access before being transported back to the hospital pharmacy.</u>
	<del>(2)</del> - <u>(3)</u>	Previously dispensed drugs must not be re-dispensed unless <ul style="list-style-type: none"> <li>(a) they are returned to the hospital pharmacy in a sealed dosage unit or container as originally dispensed,</li> <li>(b) the labeling is intact and includes a legible drug lot number and expiry date, and</li> <li>(c) the integrity of the drug can be verified.</li> </ul>
<b>Drug Transfer</b>		
<u>65.</u>		A registrant who supplies a Schedule I drug to another registrant or practitioner must comply with section <del>8(3)</del> <u>7(3)</u> and (4) of the <i>Community Pharmacy Standards of Practice</i> .
<b>Inpatient Leave of Absence and Emergency Take-Home Drugs</b>		
<u>76.</u>	(1)	A system must be established to provide drugs to an emergency department short stay patient requiring take-home drugs, who is unable to obtain them from a community pharmacy within a reasonable time frame.
	(2)	All take-home drugs issued from the emergency department must be documented in the patient's health record.
	(3)	All inpatient leave of absence drugs must be documented in the patient's health record.
	<del>(4)</del>	<del>Labels for inpatient pass and emergency department take-home drugs must include</del> <ul style="list-style-type: none"> <li><del>(a) the hospital's name,</del></li> <li><del>(b) the patient's name,</del></li> <li><del>(c) the practitioner's name,</del></li> <li><del>(d) the drug name, strength and directions for use,</del></li> <li><del>(e) identification of the person preparing the drug, and</del></li> <li><del>(f) the date the drug is issued.</del></li> </ul>
	<del>(5)</del> - <u>(4)</u>	Drugs must be dispensed in a container that is certified as child-resistant unless <ul style="list-style-type: none"> <li>(a) the practitioner, the patient or the patient's representative directs otherwise,</li> <li>(b) in the registrant's judgment it is not advisable to use a child-resistant container,</li> <li>(c) a child-resistant package is not suitable because of the physical form of the drug or the manufacturer's packaging is designed to improve patient compliance, or</li> </ul>



		(d) child-resistant packaging is unavailable.
<b>Investigational and Special Access Program Drugs</b>		
<u>87.</u>		Registrants must comply with the policies and directives of Health Canada with respect to storage and dispensing of Special Access Program or investigational drugs.
<b>Drug Repackaging and Compounding</b>		
<u>98.</u>	(1)	A registrant must <del>supervise</del> <u>verify the accuracy of</u> all bulk/batch drug repackaging and bulk drug compounding.
	(2)	<del>Bulk/batch drug repackaging records must be kept for three years after the repackaging date. Production records for drug repackaging and bulk drug compounding must be kept for three years after repackaging or compounding date</del>
	(3)	A master formula record must be kept for each bulk compounded drug product.
	(4)	A <del>separate</del> production record <u>for drug repackaging or bulk drug compounding must include, if applicable: must be kept for each compounded bulk product and must include</u> <ol style="list-style-type: none"> <li>(a) the date of compounding,</li> <li>(b) the lot or batch number assigned to the compounded product,</li> <li>(c) the manufacturer's name and lot number for each raw material used,</li> <li>(d) handwritten identification of each registrant and pharmacy assistant involved in each step of the compounding process,</li> <li>(e) the process including weights and measures performed,</li> <li>(f) the results of all quality control testing,</li> <li>(g) a statement of the final yield,</li> <li>(h) signatures for final verification and authorization for release,</li> <li>(i) a sample label, and</li> <li>(j) the expiry date of the product.</li> </ol>
	<del>(5)</del>	<del>A production record must be kept for a period of three years after the expiry date of the compounded batch.</del>
	<del>(6)</del> -(5)	A label must be affixed to the finished bulk/batch repackaged or bulk compounded drug and must contain <ol style="list-style-type: none"> <li>(a) generic name(s) of the drug,</li> <li>(b) strength and quantity of active ingredients,</li> <li>(c) dosage form,</li> </ol>

		<p>(d) total amount of final product,</p> <p>(e) expiry date of the compound,</p> <p>(f) manufacturer identification and lot number or hospital pharmacy control number,</p> <p>(g) storage conditions, if applicable,</p> <p>(h) auxiliary labels, if applicable, and</p> <p>(i) the name of the hospital.</p>
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### **Hospital Pharmacy Technicians**

<del>4.</del>	<del>(1)</del>	<p><del>Pharmacy technicians in a hospital pharmacy or hospital pharmacy satellite may prepare, process and compound prescriptions, including</del></p> <p><del>(a) receiving and transcribing verbal prescriptions from practitioners,</del></p> <p><del>(b) ensuring that a prescription is complete and authentic,</del></p> <p><del>(c) transferring prescriptions to and receiving prescriptions from other pharmacies,</del></p> <p><del>(d) ensuring the accuracy of a dispensed prescription,</del></p> <p><del>(e) performing the final check of a dispensed prescription, and</del></p> <p><del>(f) ensuring the accuracy of drug and personal health information in the PharmaNet patient record.</del></p>
	<del>(2)</del>	<p><del>Despite subsection (1), a pharmacy technician in a hospital pharmacy or hospital pharmacy satellite may dispense a drug but must not</del></p> <p><del>(a) perform the task of ensuring the pharmaceutical and therapeutic suitability of a drug for its intended use, or</del></p> <p><del>(b) do anything described in</del></p> <p><del>(i) sections 13, 15 or 16 of this Part, or</del></p> <p><del>(ii) Part 4 of this Schedule.</del></p>
	<del>(3)</del>	<p><del>A pharmacy technician must identify his or her registrant class in any interaction with a patient or a practitioner.</del></p>

### **Hospital Pharmacy Assistants**

<del>11.</del> <u>9.</u>		<p>Specific technical functions may be performed by a pharmacy assistant in a hospital pharmacy or hospital pharmacy satellite after the pharmacy's manager has established written procedures for performing the functions.</p>
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### **Patient Record**

<del>12.</del> <u>10.</u>	(1)	<p>The registrant must ensure the preparation and maintenance of patient records for each patient for whom drugs are prepared are complete, accurate and current, except</p>
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		<p>patients admitted for less than 24 hours to</p> <ul style="list-style-type: none"> <li>(a) surgical day care,</li> <li>(b) ambulatory care,</li> <li>(c) emergency short-stay, or</li> <li>(d) other short-stay diagnostic or treatment units.</li> </ul>
	(2)	<p>The patient record must include</p> <ul style="list-style-type: none"> <li>(a) the patient's full name and admission date,</li> <li>(b) the hospital number and location,</li> <li>(c) the patient's date of birth and gender,</li> <li>(d) the <del>attending</del>-practitioner's name,</li> <li>(e) the patient's weight and height if applicable to therapy,</li> <li>(f) the patient's allergies, adverse drug reactions, intolerances, and diagnoses,</li> <li>(g) a chronological list of drugs which have been prescribed for the patient since admission to hospital, or, if admission is prolonged, for a minimum period of two years, and</li> <li>(h) a list of all current drug orders including <ul style="list-style-type: none"> <li>(i) the drug name,</li> <li>(ii) the drug strength,</li> <li>(iii) the dosage,</li> <li>(iv) the route,</li> <li>(v) the dosage form,</li> <li>(vi) intravenous diluent if applicable,</li> <li>(vii) the directions for use,</li> <li>(viii) administration time or frequency,</li> <li>(ix) the <del>attending</del>-practitioner,</li> <li>(x) the quantity,</li> <li>(xi) the start and stop date, or length of therapy, and</li> <li>(xii) the date drug was dispensed, refilled or discontinued.</li> </ul> </li> </ul>
<b>Patient Oriented Pharmacy Practice</b>		
<u>13</u> <u>11.</u>	(1)	During pharmacy hours <del>the a</del> full pharmacist must review the drug order before the

		drug is dispensed.
(2)	<b>TheA</b>	<p>full pharmacist must check the drug order for</p> <ul style="list-style-type: none"> <li>(a) the patient's name, hospital number and location,</li> <li>(b) the signature of the practitioner,</li> <li>(c) the name of the drug,</li> <li>(d) the dosage form and strength,</li> <li>(e) the route and frequency of administration,</li> <li>(f) the duration of treatment if limited,</li> <li>(g) directions for use,</li> <li>(h) the date and time the order was written, and,</li> <li>(i) in the case of verbal and/or telephone orders, the name and signature of the person who received the order.</li> </ul>
(3)	<b>TheA</b>	<p>full pharmacist must review the pharmacy patient record before dispensing the patient's drug and at appropriate intervals thereafter to assess</p> <ul style="list-style-type: none"> <li>(a) appropriateness of therapy,</li> <li>(b) drug interactions,</li> <li>(c) allergies, adverse drug reactions and intolerances,</li> <li>(d) therapeutic duplication,</li> <li>(e) correct dosage, route, frequency and duration of administration and dosage form,</li> <li>(f) contraindicated drugs,</li> <li>(g) intravenous administration problems including potential incompatibilities, drug stability, dilution volume and rate of administration, and</li> <li>(h) any other drug related problems.</li> </ul>
(4)	<b>TheA</b>	<p>full pharmacist must notify the patient's nursing staff immediately if a problem with a prescription for a ward stock item is discovered.</p>
(5)	<b>TheA</b>	<p>full pharmacist must monitor drug therapy to detect, resolve and prevent drug-related problems at a frequency appropriate for the medical condition being treated.</p>
(6)		<p>Monitoring includes but is not limited to</p> <ul style="list-style-type: none"> <li>(a) a review of the patient record and/or health record,</li> <li>(b) discussion with the patient's practitioner and/or other appropriate individual, and</li> <li>(c) use of physical assessment skills when trained to do so.</li> </ul>

	(7)	<del>The</del> A full pharmacist must provide drug information, including patient-specific information to patients and health care personnel.
	(8)	<p>A full pharmacist, or a limited or student pharmacist under the direct supervision of a full pharmacist, must provide drug consultation to an outpatient or the outpatient's representative, or to an inpatient on request, and must</p> <ul style="list-style-type: none"> <li>(a) confirm the identity of the patient,</li> <li>(b) identify the name and strength of drug,</li> <li>(c) identify the purpose of the drug,</li> <li>(d) provide directions for use of the drug including the frequency, duration and route of therapy,</li> <li>(e) discuss common adverse effects, drug and food interactions and therapeutic contraindications that may be encountered, including their avoidance, and the actions required if they occur,</li> <li>(f) discuss storage requirements,</li> <li>(g) provide prescription refill information,</li> <li>(h) provide information regarding <ul style="list-style-type: none"> <li>(i) how to monitor the response to therapy,</li> <li>(ii) expected therapeutic outcomes,</li> <li>(iii) action to be taken in the event of a missed dose, and</li> <li>(iv) when to seek medical attention, and</li> </ul> </li> <li>(i) provide other information unique to the specific drug or patient.</li> </ul>
	<del>(9)</del>	<p><del>If a full pharmacist requests a history from a patient or a patient's representative, the following information must be obtained:</del></p> <ul style="list-style-type: none"> <li><del>(a) medical conditions and physical limitations;</del></li> <li><del>(b) allergies, adverse drug reactions, and idiosyncratic responses;</del></li> <li><del>(c) past and current prescribed drug therapy including the drug name, strength, dosage, frequency and duration and effectiveness of therapy;</del></li> <li><del>(d) compliance with the prescribed drug regimen;</del></li> <li><del>(e) Schedule II and III and unscheduled drug use.</del></li> </ul>
	<del>(10)</del>	<del>A full pharmacist must provide information about the assessment, management and prevention of drug poisoning within the hospital.</del>
<b>Medication Administration</b>		
14.	(1)	<del>The</del> A registrant must collaborate with nursing and medical staff to develop written

<u>12.</u>		policies and procedures for the safe administration of drugs.
	(2)	A medication administration record of all prescribed drugs for each patient must be produced from the pharmacy-maintained patient record.
	(3)	<p>The medication administration record must include</p> <ul style="list-style-type: none"> <li>(a) the patient's full name and identification number,</li> <li>(b) the patient's location in the hospital,</li> <li>(c) the presence or absence of known allergies, adverse drug reactions, and intolerances,</li> <li>(d) the date or period for which the drug administration record is to be used,</li> <li>(e) the name, <u>dose, dosage form and strength</u><del>dosage and form</del> of all drugs currently ordered,</li> <li>(f) complete directions for use for all drugs,</li> <li><u>(g) name of practitioner,</u></li> <li><del>(g)</del><u>(h)</u> stop or expiry dates for drug orders for which there is an automatic stop policy (if not reported by another means),</li> <li><del>(h)</del><u>(i)</u> predetermined, standard medication administration times for regularly scheduled drugs, and</li> <li><del>(i)</del><u>(j)</u> changes to drug orders.</li> </ul>
<b>Residential Care</b>		
<u>15.</u> <u>13.</u>		<p>A full pharmacist providing pharmacy care to residential care patients residing in a facility that is not licensed under the <i>Community Care and Assisted Living Act</i> must</p> <ul style="list-style-type: none"> <li>(a) use a monitored dosage, multiple pouch packaging or unit dosage system except where the form of the drug does not permit such packaging,</li> <li>(b) restrict ward stock to drugs that do not have a high potential for toxicity or require a complex dosage titration, and are commonly prescribed on a "when needed" basis,</li> <li>(c) maintain a current patient record for each patient,</li> <li>(d) provide administration records of all current drugs for each patient from the pharmacy maintained patient record within seventy-two hours of admission and at least monthly thereafter,</li> <li>(e) review each patient's drug regimen at least every six months preferably in the setting of multidisciplinary rounds, and</li> <li>(f) maintain a written record of drug reviews in the patient's permanent health record, including the date of each review, identified concerns and recommendations.</li> </ul>

<b>Documentation</b>		
<del>16.</del> <u>14.</u>	(1)	<del>The</del> A full pharmacist must document directly in the patient record all activities and information pertaining to the drug therapy of the patient.
	(2)	The documentation must include but is not limited to <ul style="list-style-type: none"> <li>(a) actual or potential drug-related problems that warrant monitoring,</li> <li>(b) recommendations for changes in drug selection, dosage, duration of therapy, and route of administration,</li> <li>(c) recommendations for monitoring the response to drug therapy,</li> <li>(d) notations of consultations provided to other health care professionals about the patient's drug therapy selection and management,</li> <li>(e) notations of drug-related patient education and/or consultation provided,</li> <li>(f) clarification of drug orders and practitioner's telephone orders received directly by the registrant, and</li> <li>(g) allergies, adverse drug reactions and intolerances.</li> </ul>
	<u>(3)</u>	<u>A registrant must document a telephone order received from a practitioner in the patient record</u>

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# Health Professions Act – BYLAWS

## SCHEDULE F

### PART 3 – Residential Care Facilities and Homes Standards of Practice

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## Application

1. This Part applies to registrants providing pharmacy services in or to facilities and homes.

## Definitions

2. In this Part:

“**administration**” means the provision of a drug to a resident as prescribed, or for drugs listed in Schedule II or III of the Drug Schedules Regulation, B.C. Reg. 9/98, or unscheduled drugs initiated by a registered nurse;

“**audit**” means a periodic review of the pharmacy services provided in accordance with this Part;

“**Community Pharmacy Standards of Practice**” means the standards, limits and conditions for practice established in Part 1 of this Schedule;

“contingency medication” means a pre-approved supply of prescription medications dispensed provided to a licensed facility or home in a monitored dose system multiple pouch packaging or unit dose system to permit the commencement of therapy upon receipt of a prescription, until a supply of drug arrives from the pharmacy;

“**facility**” means a community care facility licensed under the *Community Care and Assisted Living Act* to provide care to 7 or more persons;

“**home**” means a community care facility licensed under the *Community Care and Assisted Living Act* to provide care to 3 to 6 persons;

“**licensed practical nurse**” means a registrant of the College of Licensed Practical Nurses of British Columbia;

“medication management” has the same meaning as in section 2, Schedule F, Part 5 of the bylaws of the College under the *Health Professions Act*;

“**medication safety and advisory committee**” means a committee appointed under section 8.2 of the *Adult Care Regulations*, B.C. Reg. 536/80;

“**monitored dose system**” means a system of drug distribution in which drugs are dispensed for an individual resident at scheduled times from packaging which protects a dose or doses from contamination until a designated medication time;

“multiple pouch packaging” means a pouch containing drugs to be administered at a particular time;

“**natural product**” has the same meaning as in the *Natural Health Products Regulations* under the *Food and Drug Act* (Canada) as amended from time to time;

“nurse initiated drugs” means a supply of Schedule II, III or unscheduled

drugs for a resident in a licensed facility or home upon request of a registered nurse;

“**registered nurse**” means a registrant of the College of Registered Nurses of British Columbia;

“**registered psychiatric nurse**” means a registrant of the College of Registered Psychiatric Nurses of British Columbia;

“**resident**” means a person who lives in and receives care in a facility or home;

“**Schedule II and III drugs**” mean drugs listed in Schedule II or III of the *Drug Schedules Regulation*;

“**standing order medications**” means a pre-approved supply of Schedule II, III or unscheduled drugs established by the Medication Safety and Advisory Committee, supplied by the pharmacy to a licensed facility or home for self-limiting conditions. schedule I, II, III or unscheduled drug which may be administered by a registered nurse in a licensed facility or home in order to treat a condition following client assessment and nursing diagnosis without an order from a practitioner.

“**unit dose distribution**” means a form of drug distribution in which orders for each patient are dispensed individually and packaged in unit-of-use packages containing one dose;

### **Supervision of Pharmacy Services in a Facility or Home**

3. (1) A registrant must not provide pharmacy services in or to a facility or home unless appointed to do so by the licensee of that facility or home.
- (2) A registrant must not allow any person to interfere with the provision of pharmacy services in accordance with the *Act* or the *Pharmacy Operations and Drug Scheduling Act*.
- (3) ~~The~~A full pharmacist appointed to provide services to the facility or home must do the following:
  - (a) visit and audit the medication room at the facility at least every 3 months,
  - (b) visit and audit the medication room or storage area at the home at least once annually,
  - (c) make a record of all audits and meetings of the medication safety and advisory committee held in accordance with this bylaw, which must be retained in the pharmacy for at least 3 years, and
  - (d) arrange a meeting of the medication safety and advisory committee at least once in every 6 month period for a facility and once a year for a home.

- (4) ~~The~~A full pharmacist appointed to provide services to a facility or home must be a member of and advise the medication safety and advisory committee about the policies and procedures in place for the
  - (a) safe and effective distribution, administration and control of drugs,
  - (b) monitoring of therapeutic outcomes and reporting of adverse drug reactions in respect of residents,
  - (c) reporting of drug incidents and discrepancies, and
  - (d) training and orientation programs for staff members who store, handle, or administer drugs to residents.
- (5) The policies and procedures referred to in subsection (4) must be included in a manual kept in the facility, home and pharmacy.
- (6) Except where a person in care self-administers drugs in accordance with regulations under the *Community Care and Assisted Living Act*, ~~the~~a registrant must ensure that all drugs are stored in a separate and locked area that is not used for any other purpose.
- (7) ~~The~~A registrant must ensure that a copy of this Part is available in the facility or home.

### Quality Management

4. A pharmacy providing services to a facility or home must have a documented ongoing quality management program that
  - (a) monitors the pharmacy services provided, and
  - (b) includes a process for reporting and documenting drug incidents and discrepancies and their follow-up.

### Pharmacy Technicians

- ~~5.~~ (1) ~~Pharmacy technicians providing pharmacy services to a facility or home may prepare, process and compound prescriptions, including~~
  - ~~(a) receiving and transcribing verbal prescriptions from practitioners,~~
  - ~~(b) ensuring that a prescription is complete and authentic,~~
  - ~~(c) transferring prescriptions to and receiving prescriptions from other pharmacies,~~
  - ~~(d) ensuring the accuracy of a dispensed prescription,~~
  - ~~(e) performing the final check of a dispensed prescription, and~~
  - ~~(f) ensuring the accuracy of drug and personal health information in the PharmaNet patient record.~~

- (2) ~~Despite subsection (1), a pharmacy technician providing pharmacy services to a facility or home may dispense a drug but must not
  - (a) perform the task of ensuring the pharmaceutical and therapeutic suitability of a drug for its intended use, or
  - (b) do anything described in
    - (i) sections 3(3), 3(4), 13(4), 15 or 16 of this Part, or
    - (ii) Part 4 of this Schedule.~~
- (3) ~~A pharmacy technician must identify his or her registrant class in any interaction with a patient or a practitioner.~~

### Prescription Authorizations

- 5. (1) A registrant may only dispense a drug to a resident upon receipt of a prescription.
- (2) When a resident is readmitted following hospitalization, new prescriptions must be received for that resident before drugs may be dispensed.
- (3) A prescription may be transmitted to thea pharmacy servicing the facility or home verbally, electronically or in writing.
- (4) If a prescription is transmitted to the pharmacy by facsimile, thea registrant must comply with section 76 of the *Community Pharmacy Standards of Practice*.
- (5) If a prescription is transmitted verbally, thea registrant must make a written record of the verbal authorization, and include his or her signature or initial.
- (6) If a prescription is transmitted electronically, thea registrant must use the facsimile or make a written copy as the permanent record for dispensing, numbering, initialling and filing.
- (7) A prescription, written and signed by a practitioner on a resident's record, may be electronically transmitted to thea pharmacy and thea registrant may dispense the drug.
- (8) Upon receipt from thea practitioner, a prescription must include the following information
  - (a) the date the prescription was written,
  - (b) the name of the resident,
  - (c) the name of the drug or ingredients and strength where applicable,
  - (d) the quantity of the drug if the prescription is for a controlled drug substance,

- (e) the dosage instructions including the frequency, interval or maximum daily dose,
  - (f) refill authorization if applicable, including number of refills and interval between refills,
  - (g) the name, identification number and signature of the practitioner for written prescriptions, and
  - (h) the date on which the drug is dispensed.
- (9) A registrant may accept a new drug order that is transmitted verbally from a practitioner to a facility's registered nurse, registered psychiatric nurse or licensed practical nurse, if
- (a) the drug does not contain a controlled drug substance,
  - (b) the registered nurse, registered psychiatric nurse or licensed practical nurse ~~writes the verbal order~~ transcribes the order into written form including the transcriber's signature on a practitioner's order form or electronic equivalent, and
  - (c) transfers the written order to the pharmacy.

### Dispensing

6. (1) All prescriptions dispensed to residents must be dispensed in a monitored ~~dose system dosage, multiple pouch packaging or unit dosage system~~ except where the form of the drug does not permit such packaging, and each package must contain not more than a 35 day supply of medication.
- (2) Where directions for the use of a drug are changed by ~~the~~ practitioner, ~~the~~ registrant must, following receipt of the required confirmation, initiate and dispense a new prescription.

### Contingency Drugs

7. (1) A registrant may establish a supply of contingency drugs to permit the commencement of therapy upon receipt of a prescription, until the drug supply arrives from the pharmacy.
- (2) Contingency drugs must be prepared by ~~the~~ pharmacy and dispensed ~~in a monitored dose system~~ in accordance with section ~~7(1)6(1)~~.
- (3) A list of the contingency drugs must be available in the facility, home and pharmacy.
- (4) Records of use of contingency drugs must be kept in the facility or home and must include
- (a) the date and time the drug was administered,
  - (b) the name, strength and quantity of the drug administered,

- (c) the name of the resident for whom the drug was prescribed,
- (d) the name or initials of the person who administered the drug, and
- (e) the name of the practitioner who prescribed the drug.

### **Nurse Initiated Drugs**

- 8. (1) A registrant may provide Schedule II or III drugs and unscheduled drugs for a resident upon the request of a registered nurse if the medication safety and advisory committee has approved protocols for doing so.
- (2) A record of use of all medications must be on the resident's medication administration record.

### **Standing Orders**

- 9. (1) Standing orders for Schedule II and III drugs and unscheduled drugs that are administered for common self-limiting conditions may be established by the medication safety and advisory committee.
- (2) Standing order drugs must be authorized and signed for by a practitioner annually and a record of the signed authorization must be kept in the facility or home.
- (3) A record of use of all medications must be on the resident's medication administration record.

### **Returned Drugs**

- 10. (1) A registrant must provide for the return of all discontinued drugs at the time of the next scheduled delivery.
- (2) Policies and procedures must be in place to ensure that upon the hospitalization of a resident, the resident's drugs are returned to the pharmacy.
- (3) Previously dispensed drugs must not be re-dispensed unless
  - (a) they have been returned to the pharmacy in a single-drug, sealed dosage unit or container as originally dispensed,
  - (b) the labelling is intact and includes a legible drug lot number and expiry date, and
  - (c) the integrity of the product can be verified.

### **Drug Containers and Prescription Labels**

- 11. (1) All drugs dispensed pursuant to a prescription must be labeled.
- (2) The label for all prescriptions must include

- (a) the name, address and ~~10-digit~~ telephone number of the pharmacy,
  - (b) the prescription number and dispensing date,
  - (c) the full name of the resident,
  - (d) the name of the practitioner or registered nurse,
  - (e) the strength of the drug,
  - (f) the dosage instructions including the frequency, interval or maximum daily dose,
  - (g) the route of administration,
  - (h) medical indication for use for all “as required” prescription authorizations, and
  - (i) any other information required by good pharmacy practice.
- (3) For single-entity products the label must include
- (a) the generic name and at least one of
    - (i) the brand name,
    - (ii) the manufacturer’s name, or
    - (iii) the drug identification number.
- (4) For multiple-entity products the label must include
- (a) the brand name, or
  - (b) all active ingredients, and at least one of
    - (i) the manufacturer’s name, or
    - (ii) the drug identification number.
- (5) For compounded preparations the label must include all active ingredients.
- (6) If the pharmacy is unable to supply prescribed Schedule II or III drugs or unscheduled drugs to a resident and the resident has obtained a supply from another source, the drug must be in the original sealed packaging and be sent to the pharmacy for
- (a) identification,
  - (b) repackaging in a monitored dose system if appropriate,
  - (c) labeling, and
  - (d) notation on the resident’s record and the medication administration record.
- (7) If labels are produced to be attached to a resident’s medication

administration record, the label must state “for MAR”.

- (8) All drugs must be labelled with the drug expiry date and manufacturer’s lot number, except multi-drug sealed dosage units.
- (9) A registrant must not delegate the labelling of drugs ~~in a monitored dose system~~ to an employee of a facility or home.

### **Resident Records**

12. (1) A registrant must maintain a record for each resident.
  - (2) The record must include
    - (a) the resident’s full name, personal health number, birth date, gender, practitioner name, name of the facility or home, and if possible, the resident’s location within the facility or home,
    - (b) diagnoses,
    - (c) the presence or absence of known allergies, adverse drug reactions or intolerances relevant to drugs,
    - (d) the prescription number, names and drug identification numbers or natural product numbers for all drugs dispensed,
    - (e) the medical indication for use for all “as required” prescription authorizations and drugs dispensed,
    - (f) directions for use, dosage form, strength, quantity, route of administration, dosage times, dates dispensed, and
    - (g) the dates and reasons for early discontinuation of drug therapy if applicable.
  - (3) When a drug is to be administered on a “when necessary” basis, the record and prescription label must clearly indicate
    - (a) the specific indication for which the drug is to be given,
    - (b) the minimum interval of time between doses, and
    - (c) the maximum number of daily doses to be administered.
  - (4) A full pharmacist must review the resident record before dispensing a drug and take appropriate action when necessary with respect to
    - (a) the appropriateness of drug therapy,
    - (b) drug interactions,
    - (c) allergies, adverse drug reactions, and intolerances,
    - (d) therapeutic duplication,



- (e) contraindicated drugs,
- (f) the degree of compliance,
- (g) the correct dosage, route, frequency and duration of administration and dosage form, and
- (h) any other potential drug-related problems.

### **Resident Medication Administration Records**

13. (1) ~~The~~A registrant must provide a medication administration record for each resident.
- (2) The medication administration record must be current for each resident based on the information on the resident's record and must be sent to the facility or home at least each month.
- (3) A resident's medication administration record must include
- (a) the resident's full name,
  - (b) the resident's location within the facility or home, where possible,
  - (c) the name of the practitioner,
  - (d) allergies, adverse drug reactions and intolerances,
  - (e) diagnoses,
  - (f) the month for which the record is to be used,
  - (g) the name, dose, dosage form and strength of all drugs currently ordered being administered, including those to be administered on a "when necessary" basis, and
  - (h) fullcomplete directions for use for all drugs.

### **Resident Medication Review**

14. (1) ~~The~~A full pharmacist responsible for a facility must
- (a) review each resident's drug regimen on site or by videoconference at least once every 6 months with a practitioner if available, or a registered nurse and a facility staff member approved by the medication safety and advisory committee, and
  - (b) review the resident's personal health information stored on the PharmaNet database before releasing any drug to the facility.
- (2) A full pharmacist must maintain a record of the reviews referred to in subsection (1) in the resident's record and in the record at the pharmacy, and the record of review must include information about
- (a) the people in attendance,

- (b) the date of the review, and
  - (c) recommendations, if any.
- (3) At a facility or home, if a resident's practitioner does not attend the review, the full pharmacist must advise the practitioner of any recommendations arising from the review.
- (4) The full pharmacist responsible for a home must
- (a) review each resident's drug regimen and document the result of the review at least once every 6 months, and
  - (b) conduct the review on site at least once in every 12 month period.
- (5) To continue dispensing drugs for a resident in a facility or home, prescriptions must be received from the resident's practitioner every ~~six~~ 6 ~~12~~ months, either by written, verbal or electronic communication.

### **Resident Oriented Pharmacy Practice**

15. (1) When a resident is first admitted to a facility or home, the full pharmacist a registrant must obtain a history for the resident, and the following information must be obtained if available:
- (a) allergies, adverse drug reactions, and intolerances,
  - (b) past and present prescribed drug therapy including the drug name, strength, dosage, frequency and duration of therapy,
  - (c) compliance with prescribed drug regimen,
  - (d) Schedule II, III and unscheduled drug use, and
  - (e) laboratory results.
- (2) The full pharmacist must routinely provide written or verbal drug information relevant to a resident's drugs to the medical, nursing or other appropriate facility or home staff.
- (3) If an adverse drug reaction as defined by Health Canada is identified, a full pharmacist must
- (a) notify the resident's practitioner,
  - (b) make an appropriate entry on the resident's record, and
  - (c) report the reaction to the Canada Vigilance Program Regional Office.
- (4) Where a self-medication program is deemed suitable for a resident, the full pharmacist must comply with all applicable regulations under the *Community Care and Assisted Living Act* and must
- (a) participate in the development of policies and procedures for the

- program, including appropriate storage and security requirements,
- (b) ensure a drug consultation with the resident occurs,
  - (c) ensure authorization from the resident's practitioner and the medication safety and advisory committee is obtained,
  - (d) include any drugs in the self-medication program in the drug regimen review referred to in section [13\(4\)12\(4\)](#), and
  - (e) document the consultation referred to in paragraph (b) in the resident's record.
- (5) The drug consultation referred to in subsection (4)(b), should occur in person with the resident or resident's representative and must
- (a) confirm the identity of the resident,
  - (b) identify the name and strength of drug being dispensed,
  - (c) identify the purpose of the drug,
  - (d) provide directions for use of the drug including the frequency, duration and route of therapy,
  - (e) discuss common adverse effects, drug and food interactions, and therapeutic contraindications that may be encountered, including their avoidance, and the actions required if they occur,
  - (f) discuss storage requirements,
  - (g) provide information regarding
    - (i) how to monitor response to therapy,
    - (ii) expected therapeutic outcomes,
    - (iii) action to be taken in the event of a missed dose, and
    - (iv) when to seek medical attention, and
  - (h) provide other information unique to the specific drug or resident.

### Respite Care Short Stay or Late Admissions

16. (1) When a resident is admitted for ~~a short-stay respite care~~, ~~the~~ registrant must confirm all prescription authorizations with the resident's practitioner.
- (2) ~~The~~ registrant must dispense drugs ~~in accordance with section 6 using a monitored dose system~~ and provide medication administration records.
- (3) ~~Emergency stay respite care r~~Residents who arrive without notice may be administered drugs from their own supply if it is reasonable and safe to do so only until a supply is obtained from the pharmacy.

### Leave of Absence Drugs

17. (1) ~~The~~<sup>A</sup> registrant must establish a system to ensure that leave-of-absence drugs are prepared correctly.
- (2) The label on a leave of absence medication must include
  - (a) the facility or home name,
  - (b) the resident's name,
  - (c) the practitioner's name,
  - (d) the drug name, strength, quantity and complete directions for use,
  - (e) the initials of the person preparing the drug, and
  - (f) the date of issue.
- (3) All leave of absence drugs must be documented on the resident's medication administration record.

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***Health Professions Act – BYLAWS***

**SCHEDULE F**

**PART 5 – Medication Management Standards of Practice**

**Table of Contents**

1. Application
2. Definitions
3. Provision of Medication Management
4. Provision of Medication Management Documentation

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<b>Application</b>		
1.		This Part applies to all registrants when providing medication management services.
<b>Definitions</b>		
2.		In this Part:
		<p><b>“best possible medication history”</b> means a comprehensive list of medications obtained from the PharmaNet database and other sources including all prescription medications, non-prescription medications, and natural health products that the patient is or has been taking,</p> <p><b>“care plan”</b> means a plan developed by the patient and pharmacist working together to achieve agreed upon outcomes. This includes resolving the patient’s drug therapy problems, meeting therapeutic goals for the patient’s medical conditions and preventing development of future drug therapy problems. The plan must include a desired outcome linked to the patient’s identified problem and monitoring parameters,</p> <p><b>“drug therapy problem”</b> means the patient’s needs are not being met with the current drug therapy for one of the following reasons:</p> <ul style="list-style-type: none"> <li>• unnecessary drug,</li> <li>• needs additional drug,</li> <li>• suboptimal drug,</li> <li>• dose too low,</li> <li>• dose too high,</li> <li>• adverse drug reaction, or</li> <li>• patient self management</li> </ul> <p><b>“medication management”</b> means the standard of patient-centred care approved by the Board that focuses on the identification and resolution of actual or potential drug therapy problems to enhance patient understanding of their medications and optimize health outcomes related to pharmacotherapy by means of collaboration and communication with patients and their health care teams.</p>
<b>Provision of Medication Management</b>		
3.	(1)	<p>The pharmacist must:</p> <p>(a) assess patients and their drug therapy needs which includes:</p> <ul style="list-style-type: none"> <li>(i) reason for service,</li> <li>(ii) demographic information,</li> <li>(iii) allergies and intolerances,</li> <li>(iv) social drug use,</li> <li>(v) best possible medication history,</li> <li>(vi) current and past medical conditions,</li> <li>(vii) head to toe review of body systems, and</li> <li>(viii) drug therapy problems</li> </ul>

		<ul style="list-style-type: none"> <li>(b) formulate care plan and provide best possible medication history to patient,</li> <li>(c) implement care plan,</li> <li>(d) monitor and evaluate patient progress by: <ul style="list-style-type: none"> <li>(i) assessing the effectiveness and safety of drug therapy,</li> <li>(ii) measuring progress towards therapeutic goals,</li> <li>(iii) updating the best possible medication history, and</li> <li>(iv) establishing follow up schedule</li> </ul> </li> <li>(e) document (a) to (d) in the patient record</li> </ul>
	(2)	The pharmacy technician may assist the pharmacist in compiling the information in section 3(1)(a)(i) to (vi).
	(3)	The pharmacy technician must inform the pharmacist of any <b>perceived</b> drug therapy problem(s) <b>he or she identifies</b> .
<b>Provision of Medication Management Documentation</b>		
<u>4.</u>		Pharmacists must provide full medication management documentation to other healthcare providers upon request.

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# Conflict of Interest Standards

## College of Pharmacists of British Columbia

### **Background**

The health and safety of the patients we serve are at the core of pharmacy practice. This means that protecting and promoting our patients best interest and well being must be every registrant's primary and continuing concern in professional practice.

The Supreme Court of Canada recognizes that healthcare professionals owe an ethical duty of trust to their patients and that this fiduciary relationship requires registrants, as regulated healthcare professionals; to always act in their patients best interests instead of their own. The *Health Professions Act (HPA) – Part 2, section 19 (1) (l)* requires; *the establishment of standards of professional ethics for registrants including standards for the avoidance of conflict of interest.*

When a registrant allows their personal or private interests to interfere with their patient's best interests they have breached the fiduciary duty of trust and in effect entered into what ethically and legally is referred to as a conflict of interest.

This fiduciary duty of trust also requires registrants to take responsibility for challenging the judgments of their colleagues and other healthcare professionals if they have reason to believe that the registrant's or other healthcare professional's personal interests could compromise the health or safety of the patient or inappropriately influence their decision making.

In fulfilling their ethical fiduciary duty to patients, registrants must act with caution and conscience in managing conflict of interest. This means registrants are aware of and make every reasonable effort to avoid entering into or participating in any situation in which they may be, or may be perceived to be, placing their interests above those of their patients.

The *Standards and Guidelines for Application* that follow provide guidance in common areas of concern in pharmacy practice but are not intended to provide a complete or exhaustive list of areas of concern. Registrants will need to proceed with caution and conscience in dealing with conflict of interest scenarios which may arise and which are not captured in this document.

To support registrants in addressing and managing conflict of interest, registrants must utilize the Model for Ethical Decision Making and work through the conflict of interest scenario to resolve it in the patient's best interest. Registrants must document and be able to defend all decisions made in this regard.

### **Position**

Registrants hold the well being of their patient as their primary consideration and refrain from entering into any actual or perceived conflict of interest.



## Standard 1: Registrants Protect and Promote the Best Interests of their Patients in Achieving Their Chosen Health Outcome

### Guidelines for Application:

- a) Registrants must act in their patient's best interests when providing or referring pharmacy services. This includes but is not limited to:
  - a) Registrants must not in any way influence patients to purchase drugs or equipment that is contrary to the patient's best interests.
  - b) Pharmacists must only adapt a prescription to optimize the patient's therapeutic outcome of treatment. In no instance should a pharmacist adapt a prescription in order to benefit financially or in kind.
  - c) Registrants must always provide/promote the drug or drug substitution that will best serve the patients needs. They must not provide/promote a particular drug or drug substitution simply in order to take advantage of a manufacturer's discount or other incentives.
  - d) Registrants must not dispense a smaller quantity than that required to serve the patient's best interests simply to accrue additional dispensing fees.
- ~~b) Registrants must not offer loyalty or incentive programs that are contrary to the patient's best interests.~~

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## **Standard 2: Registrants Enter into Relationships that are Ethical and Appropriate**

### Guidelines for Application:

- a) Registrants must not enter into relationships that adversely affect the quality of patient care.
- b) Registrants must not ask for or accept any incentive, or gift which may affect or be seen to affect their commitment to their patient's best interests.
- c) Registrants must not accept cash payments or other incentives (excluding generally accepted ethical business practices) over and above remuneration for services provided to patients.
- d) Registrants must not provide to or receive cash payments or other incentives from other registrants, other healthcare professionals or any other person or organization solely for the referral of patients.
- e) Registrants must not dispense prescriptions for themselves or to their family members except;
  - i. in an emergency situation, or
  - ii. when another registrant is not readily available.
- f) Registrants who have a financial interest in an organization, such as a pharmacy, pharmaceutical company, recovery home or clinic must not allow these interests to adversely affect the quality of patient care.

### **Standard 3: Registrants Participate in Ethical Research Practices**

#### Guidelines for Application:

- a) Registrants involved in research must not overstate the benefits, downplay the risks or suppress any adverse data associated with the research.
- b) Registrants must not accept cash payments or other incentives for finding and/or recruiting research subjects.
- c) Registrants must not accept cash payments or other incentives for completing a research study within a prescribed time frame if doing so will adversely affect the participant(s).
- d) Registrants who are primary investigators (researchers) must not participate in research conducted by a company in which they hold a financial interest.
- e) Registrants who are cited and credited as primary investigators (researchers) must actually have conducted and produced the research that is cited and credited to them.

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# APPLICATION FOR FULL PHARMACIST REGISTRATION

## APPLICANT INFORMATION

- Ms    Mrs    Miss    Mr    Dr

Name \_\_\_\_\_  
Last name (Surname)                      First name                      Other name(s)

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
City    Province

\_\_\_\_\_ Postal code                      \_\_\_\_\_ Country

Tel (home) \_\_\_\_\_  
 Tel (work) \_\_\_\_\_  
 Email \_\_\_\_\_

## PAYMENT OPTION

Cheque/Money order    (payable to College of Pharmacists of BC)

VISA                       MasterCard

Card # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_

Cardholder name \_\_\_\_\_

Cardholder signature \_\_\_\_\_

Registration fee	682.50
HST	<u>81.90</u>
<b>Total</b>	<b><u>\$764.40</u></b>
HST # R106953920	

**All fees are non-refundable and subject to HST.**

I attest that I am in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.

I have professional liability insurance that meets the following criteria *(please check the box(es) below)*:

- Provides a minimum of \$2 million coverage.
- Provides occurrence based coverage or claims made with extended reporting period of at least 3 years.
- Insurance covers the registrant through an individual or group policy.

I have signed and attached *(please check the box(es) below)*:

- Statutory Declaration *(use form on page 2)*.
- Registrant Confidentiality Undertaking *(use form on page 3)*.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant signature



**APPLICATION FOR**  
**FULL PHARMACIST REGISTRATION**

Statutory Declaration (Form 5)

*PROVINCE OF BRITISH COLUMBIA, CANADA, IN THE MATTER OF  
AN APPLICATION FOR REGISTRATION  
WITH THE COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA*

I, \_\_\_\_\_ declare that (*check the appropriate boxes*) :

- 1. I have not been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act, would constitute unprofessional conduct or conduct unbecoming of a person registered under these bylaws.
- 2. My entitlement to practise pharmacy or any other health profession has not been limited, restricted or subject to any terms, limits or conditions or disciplinary action in any jurisdiction at any time.
- 3. At the present time, no investigation, review or proceeding is taking place in any jurisdiction which could result in the suspension or cancellation of my authorization to practise pharmacy or any other health profession.
- 4. My past conduct does not demonstrate any pattern of incompetence or untrustworthiness, which would make registration contrary to the public interest.
- 5. I am a person of good character.
- 6. I am aware of, practice, and will practice at all times in compliance with the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act of British Columbia, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
- 7. I shall provide the Registrar with the details of any of the following that relate to me or that occur or arise prior, during, or after my registration with the College of Pharmacists of BC.
  - *a charge relating to an offence under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs, or relating to any criminal offence;*
  - *a finding of guilt in relation to an offence under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs or in relation to any criminal offence;*
  - *a finding of professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession;*
  - *a proceeding for professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession.*

*On a separate sheet of paper, provide details if any of the above is not true (i.e. if any of the above boxes is not checked off). Details to include:*

- a. Criminal offence/Disciplinary action/Investigation*
- b. Date when offence was committed/Applicable health profession/Applicable jurisdiction*
- c. Disposition of charge including details of penalty-imposed*
- d. Extenuating circumstances you wish taken into account for your application.*

I declare the facts set out herein to be true.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant signature



**APPLICATION FOR  
FULL PHARMACIST REGISTRATION**

Registrant Confidentiality Undertaking

I agree to access the **PharmaNet** clinical and patient database through the in-pharmacy computer system, on the following terms and conditions:

- I will not access or use any clinical or patient information in the PharmaNet database or the in-Pharmacy computer system for any purpose other than those authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.
- I agree at all times to treat as confidential all information referred to in paragraph (1) and will not participate in or permit, the unauthorized release, publication or disclosure of the said information to any person, corporation or other entity under any circumstances except as authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.
- I agree at all times, to treat as confidential all information relating to the security and management of the PharmaNet database and the in-pharmacy computer system.
- I agree to be bound by the provisions of this agreement and will continue to do so following termination of employment in the pharmacy for any reason.
- I agree to adhere to all policies and procedures issued by the pharmacy manager and/or the pharmacy owner, consistent with legislation, policies, procedures and standards issued by the College of Pharmacists of British Columbia or the Province of British Columbia, related to the confidentiality, privacy and security of the patient or clinical information contained in the PharmaNet database and the in-pharmacy computer database.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant signature

**Note:**

1. *Attach original with application for registration.*
2. *Make a copy for the pharmacy manager - to be retained in the pharmacy files.*



# APPLICATION FOR LIMITED PHARMACIST REGISTRATION

## APPLICANT INFORMATION

- Ms    Mrs    Miss    Mr    Dr

Name \_\_\_\_\_  
Last name (Surname)                      First name                      Other name(s)

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Tel (home) \_\_\_\_\_  
 Tel (work) \_\_\_\_\_  
 Email \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_  
 Postal code \_\_\_\_\_ Country \_\_\_\_\_

## PAYMENT OPTION

Cheque/Money order    (payable to College of Pharmacists of BC)

VISA             MasterCard

Card # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_

Cardholder name \_\_\_\_\_

Cardholder signature \_\_\_\_\_

Registration fee	682.50
HST	<u>81.90</u>
<b>Total</b>	<b><u>\$764.40</u></b>
HST # R106953920	

**All fees are non-refundable and subject to HST.**

## DECLARATION

I attest that I am in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.

I have professional liability insurance that meets the following criteria *(please check the box(es) below)*:

- Provides a minimum of \$2 million coverage.
- Provides occurrence based coverage or claims made with extended reporting period of at least 3 years.
- Insurance covers the registrant through an individual or group policy.

I have signed and attached *(please check the box(es) below)*:

- Statutory Declaration *(use form on page 2)*.
- Registrant Confidentiality Undertaking *(use form on page 3)*.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant signature



**APPLICATION FOR**  
**LIMITED PHARMACIST REGISTRATION**

Statutory Declaration (Form 5)

*PROVINCE OF BRITISH COLUMBIA, CANADA, IN THE MATTER OF  
AN APPLICATION FOR REGISTRATION  
WITH THE COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA*

I, \_\_\_\_\_ declare that (check the appropriate boxes) :

- 1. I have not been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act, would constitute unprofessional conduct or conduct unbecoming of a person registered under these bylaws.
- 2. My entitlement to practise pharmacy or any other health profession has not been limited, restricted or subject to any terms, limits or conditions or disciplinary action in any jurisdiction at any time.
- 3. At the present time, no investigation, review or proceeding is taking place in any jurisdiction which could result in the suspension or cancellation of my authorization to practise pharmacy or any other health profession.
- 4. My past conduct does not demonstrate any pattern of incompetence or untrustworthiness, which would make registration contrary to the public interest.
- 5. I am a person of good character.
- 6. I am aware of, practice, and will practice at all times in compliance with the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act of British Columbia, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
- 7. I shall provide the Registrar with the details of any of the following that relate to me or that occur or arise prior, during, or after my registration with the College of Pharmacists of BC.
  - a charge relating to an offence under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs, or relating to any criminal offence;
  - a finding of guilt in relation to an offence under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs or in relation to any criminal offence;
  - a finding of professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession;
  - a proceeding for professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession.

*On a separate sheet of paper, provide details if any of the above is not true (i.e. if any of the above boxes is not checked off). Details to include:*

- a. Criminal offence/Disciplinary action/Investigation*
- b. Date when offence was committed/Applicable health profession/Applicable jurisdiction*
- c. Disposition of charge including details of penalty-imposed*
- d. Extenuating circumstances you wish taken into account for your application.*

I declare the facts set out herein to be true.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant signature





**APPLICATION FOR**  
**LIMITED PHARMACIST REGISTRATION**

Form 4B

Page 3 of 3

Registrant Confidentiality Undertaking

I agree to access the **PharmaNet** clinical and patient database through the in-pharmacy computer system, on the following terms and conditions:

- I will not access or use any clinical or patient information in the PharmaNet database or the in-Pharmacy computer system for any purpose other than those authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.
- I agree at all times to treat as confidential all information referred to in paragraph (1) and will not participate in or permit, the unauthorized release, publication or disclosure of the said information to any person, corporation or other entity under any circumstances except as authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.
- I agree at all times, to treat as confidential all information relating to the security and management of the PharmaNet database and the in-pharmacy computer system.
- I agree to be bound by the provisions of this agreement and will continue to do so following termination of employment in the pharmacy for any reason.
- I agree to adhere to all policies and procedures issued by the pharmacy manager and/or the pharmacy owner, consistent with legislation, policies, procedures and standards issued by the College of Pharmacists of British Columbia or the Province of British Columbia, related to the confidentiality, privacy and security of the patient or clinical information contained in the PharmaNet database and the in-pharmacy computer database.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant signature

**Note:**

1. *Attach original with application for registration.*
2. *Make a copy for the pharmacy manager - to be retained in the pharmacy files.*



**APPLICATION FOR PRE-REGISTRATION**  
CANADA – AGREEMENT ON INTERNAL TRADE (AIT)

Form 4C-1

Page 1 of 7

## CHECKLIST

### You must submit

1.  Checklist *(page 1)*.
2.  Application form *(page 2)*.
3.  Copy of birth certificate or Canadian citizenship card *(both sides)*.
4.  Copy of university degree(s).
5.  Letter of current standing to be mailed to College office directly from applicant's existing regulatory authorities. Letter must be dated within three months prior to the date of the application.
6.  Notarized identification *(use form on page 3)*.  
*(Copy of primary and secondary ID (both sides))*
7.  Declaration of currency with legislation and practice standards *(use form on page 4)*.
8.  Statutory declaration *(use form on page 5)*.
9.  Criminal record check authorization *(use form on page 6)*.
10.  Registrant Confidentiality Undertaking *(use form on page 7)*.

### You must submit IF

11.  Copy of PEBC certification - if applicable.
12.  Copy of name change or marriage certificate - if name on any document is different from legal name.
13.  Evidence of your authorization to work in Canada – if you are not a Canadian citizen or a permanent resident. Acceptable documents: Canadian citizenship card, Canadian passport, permanent resident card, social insurance card, or work permit.
14.  A letter/certificate of standing from **each** previous and current regulatory body - if you have engaged in the practice of pharmacy or another health profession in a Canadian or foreign jurisdiction. Letter/certificate must be dated within three months prior to the date of the application and must be mailed to the college office directly from the regulatory bodies.
15.  Documents in a language other than English must be translated by a government official or an official translator.

Photocopy both sides of documents where applicable.





**APPLICATION FOR PRE-REGISTRATION**  
CANADA – AGREEMENT ON INTERNAL TRADE (AIT)

Notarized Identification

**APPLICANT INFORMATION**

Applicant name \_\_\_\_\_

**Required Documents**

Passport photograph, taken within one year, affixed to space provided.

Copy of name change or marriage certificate if name on any document is different from legal name.

**Required identification - one primary and one secondary.**

Identification presented to the Notary Public must be the **original** document issued by the government agency. Photocopies are acceptable only if certified by the issuing government agency to be true copies of the original.



Please check off document type and provide document number

PRIMARY		SECONDARY	
Document type	Document number	Document type	Document number
<input type="checkbox"/> Birth certificate		<input type="checkbox"/> Passport	
<input type="checkbox"/> Canadian citizen card		<input type="checkbox"/> Valid Canadian driver's license	
<input type="checkbox"/> Canadian identity card		<input type="checkbox"/> British Columbia identification card	
		<input type="checkbox"/> Naturalization certificate	
		<input type="checkbox"/> Canadian Forces identification	

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant signature

**NOTARY PUBLIC CERTIFICATION**

I hereby verify that the person shown in the photograph affixed on this page is the same person:

- Whose name appears as the Applicant.
- Whose identity has been proven to my satisfaction through presentation of the identification indicated.
- Whose signature on this document was signed in my presence.

\_\_\_\_\_ Date

\_\_\_\_\_ Notary signature

Notary name \_\_\_\_\_

Address \_\_\_\_\_

Tel \_\_\_\_\_

**SEAL**



**APPLICATION FOR PRE-REGISTRATION**  
CANADA – AGREEMENT ON INTERNAL TRADE (AIT)

Form 4C-1

Page 4 of 7

Declaration of Currency with Legislation and Practice Standards

**DECLARATION**

I, \_\_\_\_\_, confirm my knowledge of:

- The legislation defined in:
  - The Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Regulation and Bylaws of the College of Pharmacists of BC made pursuant to these Acts,
  - The College of Pharmacists of BC Professional Practice Policies,
  - The Food & Drugs Act and Regulations, and
  - The Controlled Drugs & Substances Act.
- The practice standards defined in the Framework of Professional Practice.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant signature



**APPLICATION FOR PRE-REGISTRATION**  
CANADA – AGREEMENT ON INTERNAL TRADE (AIT)

Statutory Declaration (Form 5)

*PROVINCE OF BRITISH COLUMBIA, CANADA, IN THE MATTER OF  
AN APPLICATION FOR REGISTRATION  
WITH THE COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA*

I, \_\_\_\_\_ declare that (*check the appropriate boxes*) :

- 1. I have not been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act, would constitute unprofessional conduct or conduct unbecoming of a person registered under these bylaws.
- 2. My entitlement to practise pharmacy or any other health profession has not been limited, restricted or subject to any terms, limits or conditions or disciplinary action in any jurisdiction at any time.
- 3. At the present time, no investigation, review or proceeding is taking place in any jurisdiction which could result in the suspension or cancellation of my authorization to practise pharmacy or any other health profession.
- 4. My past conduct does not demonstrate any pattern of incompetence or untrustworthiness, which would make registration contrary to the public interest.
- 5. I am a person of good character.
- 6. I am aware of, practice, and will practice at all times in compliance with the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act of British Columbia, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
- 7. I shall provide the Registrar with the details of any of the following that relate to me or that occur or arise prior, during, or after my registration with the College of Pharmacists of BC.
  - a charge relating to an offense under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs, or relating to any criminal offense;
  - a finding of guilt in relation to an offense under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs or in relation to any criminal offense;
  - a finding of professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession;
  - a proceeding for professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession.

*On a separate sheet of paper, provide details if any of the above is not true (i.e. if any of the above boxes is not checked off). Details to include:*

- a. Criminal offence/Disciplinary action/Investigation*
- b. Date when offence was committed/Applicable health profession/Applicable jurisdiction*
- c. Disposition of charge including details of penalty-imposed*
- d. Extenuating circumstances you wish taken into account for your application.*

I declare the facts set out herein to be true.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant signature



## APPLICATION FOR PRE-REGISTRATION CANADA – AGREEMENT ON INTERNAL TRADE (AIT)

### Criminal Record Check Authorization

#### APPLICANT INFORMATION

Legal name \_\_\_\_\_  
*Last name (Surname) First name Other name(s)*

Mailing address \_\_\_\_\_  
*Street City/town Province/State Postal Code*

\_\_\_\_\_ **Contact phone** \_\_\_\_\_  
*Country Area code*

Gender  Male  Female B.C. Driver License \_\_\_\_\_

Birth date \_\_\_\_\_ Birthplace \_\_\_\_\_  
*YYYY-MM-DD City/town Province/State Country*

Other names used or have used (*e.g. maiden name, birth name, previous married name*)

1. \_\_\_\_\_  
*Surname First name Middle name*

2. \_\_\_\_\_  
*Surname First name Middle name*

3. \_\_\_\_\_  
*Surname First name Middle name*

#### FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA)

The information requested on this form is collected under the authority of the Criminal Records Review Act and in the case of child care facilities, the Community Care Facility Act, and the regulations which govern both these acts. The information provided will be used to fulfill the requirements of the Criminal Records Review Act for the release of criminal records information and is in compliance with the FOIPPA.

#### CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS

##### Pursuant to the B.C. Criminal Records Review Act

- I hereby consent to a check for records of criminal convictions to determine whether I have a conviction or outstanding charge for any relevant offences under the Criminal Records Review Act.
- I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the court and crown counsel relating to an outstanding charge or conviction of any relevant offence as defined under the Criminal Records Review Act
- Where the results of this check indicate that a criminal record or outstanding charge for a relevant offence may exist, I agree to provide my fingerprints to verify any such criminal record.
- The Deputy Registrar will notify me and my organization that I have an outstanding charge or conviction for any relevant offence(s) and the matter has been referred to the Deputy Registrar.
- The Deputy Registrar will determine whether or not I present a risk to physical or sexual abuse to children.
- The Deputy Registrar's determination will be disclosed to my organization and it will include consideration of any relevant offence for which I have received a pardon.
- If I am charged with or convicted of a relevant offence at any time subsequent to the criminal record check authorized herein, I further agree to report the charge or conviction to my organization and provide my organization, in a timely manner, with a new-signed Consent to a Criminal Record Check form.

*"Deputy Registrar" means a person appointed under the Public Service Act as deputy registrar for the purposes of this Act.*

I attest that (please check the box(es) below):

- I have read and understood the Consent for Release of Information and Acknowledgements above. I hereby consent to these terms as indicated by my signature below.
- I hereby authorize the College of Pharmacists of British Columbia to conduct criminal record checks on an ongoing basis every five years. I understand that I may withdraw this consent for future criminal record checks.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant signature



**APPLICATION FOR PRE-REGISTRATION**  
CANADA – AGREEMENT ON INTERNAL TRADE (AIT)

Registrant Confidentiality Undertaking

I agree to access the **PharmaNet** clinical and patient database through the in-pharmacy computer system, on the following terms and conditions:

- I will not access or use any clinical or patient information in the PharmaNet database or the in-Pharmacy computer system for any purpose other than those authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.
- I agree at all times to treat as confidential all information referred to in paragraph (1) and will not participate in or permit, the unauthorized release, publication or disclosure of the said information to any person, corporation or other entity under any circumstances except as authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.
- I agree at all times, to treat as confidential all information relating to the security and management of the PharmaNet database and the in-pharmacy computer system.
- I agree to be bound by the provisions of this agreement and will continue to do so following termination of employment in the pharmacy for any reason.
- I agree to adhere to all policies and procedures issued by the pharmacy manager and/or the pharmacy owner, consistent with legislation, policies, procedures and standards issued by the College of Pharmacists of British Columbia or the Province of British Columbia, related to the confidentiality, privacy and security of the patient or clinical information contained in the PharmaNet database and the in-pharmacy computer database.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

**Note:**

1. *Attach original with application for registration.*
2. *Make a copy for your own files.*





**APPLICATION FOR PRE-REGISTRATION**  
CANADA – NON AGREEMENT ON INTERNAL TRADE (NON AIT)

## CHECKLIST

### You must submit

1.  Checklist *(page 1)*.
2.  Application form *(page 2)*.
3.  Copy of birth certificate or Canadian citizenship card *(both sides)*.
4.  Copy of university degree(s).
5.  Letter of current standing to be mailed to College office directly from applicant's existing regulatory authorities. Letter must be dated within one month prior to the date of the application. Letter from PEBCD will not be accepted.
6.  Notarized identification *(use form on page 3)*.  
*(Copy of primary and secondary ID (both sides))*
7.  Certification of Pharmacy Related Employment *(use form on page 4)*.
8.  Statutory declaration *(use form on page 5)*.
9.  Criminal record check authorization *(use form on page 6)*.
10.  Registrant Confidentiality Undertaking *(use form on page 7)*.

### You must submit IF

11.  Copy of name change or marriage certificate - if name on any document is different from legal name.
12.  Copy of PEBC certification – if applicable.
13.  Evidence of your authorization to work in Canada – if you are not a Canadian citizen or a permanent resident. Acceptable documents: Canadian citizenship card, Canadian passport, permanent resident card, social insurance card, or work permit.
14.  A letter/certificate of standing from **each** previous and current regulatory body - if you have engaged in the practice of pharmacy or another health profession in a Canadian or foreign jurisdiction. Letter/certificate must be dated within three months prior to the date of the application and must be mailed to the college office directly from the regulatory bodies.
15.  Documents in a language other than English must be translated by a government official or an official translator.

**Photocopy both sides of documents where applicable.**



**APPLICATION FOR PRE-REGISTRATION**  
**CANADA – NON AGREEMENT ON INTERNAL TRADE (NON AIT)**

### Application Form

#### CONTACT INFORMATION

Ms  Mrs  Miss  Mr  Dr

Legal name  *Last name (Surname)*  *First name*  *Other name(s)*

Address   Tel (home)

Tel (work)

City  Province  Email

Postal code  Country

#### OTHER INFORMATION

1) Education  *University/Country*

*Degree/Year*

2) Birth date  *YYYY-MM-DD* YES NO

3) Is this the first time you have applied for pre-registration with the College of Pharmacists of BC?

#### PAYMENT OPTION

Cheque/Money order *(payable to College of Pharmacists of BC)*

VISA  MasterCard

Card #   Exp /

Cardholder name

Cardholder signature

Application fee *	335.00
HST	<u>40.20</u>
<b>Total</b>	<b><u>\$375.20</u></b>

HST # R106953920

*\* Includes criminal record check*

**All fees are non-refundable and subject to HST.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant signature



# APPLICATION FOR PRE-REGISTRATION

## CANADA – NON AGREEMENT ON INTERNAL TRADE (NON AIT)

### Notarized Identification

#### APPLICANT INFORMATION

Applicant name \_\_\_\_\_

#### Required Documents

Passport photograph, taken within one year, affixed to space provided.

Copy of name change or marriage certificate if name on any document is different from legal name.

#### Required identification - one primary and one secondary.

Identification presented to the Notary Public must be the **original** document issued by the government agency. Photocopies are acceptable only if certified by the issuing government agency to be true copies of the original.



Please check off document type and provide document number

PRIMARY		SECONDARY	
Document type	Document number	Document type	Document number
<input type="checkbox"/> Birth certificate		<input type="checkbox"/> Passport	
<input type="checkbox"/> Canadian citizen card		<input type="checkbox"/> Valid Canadian driver's license	
<input type="checkbox"/> Canadian identity card		<input type="checkbox"/> British Columbia identification card	
		<input type="checkbox"/> Naturalization certificate	
		<input type="checkbox"/> Canadian Forces identification	

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant signature

#### NOTARY PUBLIC CERTIFICATION

I hereby verify that the person shown in the photograph affixed on this page is the same person:

- Whose name appears as the Applicant.
- Whose identity has been proven to my satisfaction through presentation of the identification indicated.
- Whose signature on this document was signed in my presence.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary signature

Notary name \_\_\_\_\_

Address \_\_\_\_\_

Tel \_\_\_\_\_

**SEAL**



**APPLICATION FOR PRE-REGISTRATION**  
CANADA – NON AGREEMENT ON INTERNAL TRADE (NON AIT)

Certification of Pharmacy Related Employment

**EMPLOYMENT INFORMATION**

Applicant name \_\_\_\_\_

Employer name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

Position \_\_\_\_\_ Total hours worked \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_

**EMPLOYER CERTIFICATION**

I certify that the above employment information is correct.

Name \_\_\_\_\_

Position \_\_\_\_\_  
Pharmacy Manager / Pharmacy Owner / Human Resources Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer signature

**APPLICATION FOR PRE-REGISTRATION**

CANADA – NON AGREEMENT ON INTERNAL TRADE (NON AIT)

## Statutory Declaration (Form 5)

*PROVINCE OF BRITISH COLUMBIA, CANADA, IN THE MATTER OF  
AN APPLICATION FOR REGISTRATION  
WITH THE COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA*

I, \_\_\_\_\_ declare that (*check the appropriate boxes*) :

1. I have not been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act, would constitute unprofessional conduct or conduct unbecoming of a person registered under these bylaws.
2. My entitlement to practise pharmacy or any other health profession has not been limited, restricted or subject to any terms, limits or conditions or disciplinary action in any jurisdiction at any time.
3. At the present time, no investigation, review or proceeding is taking place in any jurisdiction which could result in the suspension or cancellation of my authorization to practise pharmacy or any other health profession.
4. My past conduct does not demonstrate any pattern of incompetence or untrustworthiness, which would make registration contrary to the public interest.
5. I am a person of good character.
6. I am aware of, practice, and will practice at all times in compliance with the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act of British Columbia, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
7. I shall provide the Registrar with the details of any of the following that relate to me or that occur or arise prior, during, or after my registration with the College of Pharmacists of BC.
- *a charge relating to an offence under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs, or relating to any criminal offense;*
  - *a finding of guilt in relation to an offence under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs or in relation to any criminal offense;*
  - *a finding of professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession;*
  - *a proceeding for professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession.*

*On a separate sheet of paper, provide details if any of the above is not true (i.e. if any of the above boxes is not checked off). Details to include:*

- a. Criminal offence/Disciplinary action/Investigation*
- b. Date when offence was committed/Applicable health profession/Applicable jurisdiction*
- c. Disposition of charge including details of penalty-imposed*
- d. Extenuating circumstances you wish taken into account for your application.*

I declare the facts set out herein to be true.

\_\_\_\_\_  
Date\_\_\_\_\_  
Applicant signature



APPLICATION FOR PRE-REGISTRATION
CANADA - NON AGREEMENT ON INTERNAL TRADE (NON AIT)

Criminal Record Check Authorization

APPLICANT INFORMATION

Legal name Last name (Surname) First name Other name(s)

Mailing address Street City/town Province/State Postal Code

Country Contact phone Area code

Gender Male Female B.C. Driver License

Birth date YYYY-MM-DD Birthplace City/town Province/State Country

Other names used or have used (e.g. maiden name, birth name, previous married name)

- 1. Surname First name Middle name
2. Surname First name Middle name
3. Surname First name Middle name

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA)

The information requested on this form is collected under the authority of the Criminal Records Review Act and in the case of child care facilities, the Community Care Facility Act, and the regulations which govern both these acts.

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS

Pursuant to the B.C. Criminal Records Review Act

- I hereby consent to a check for records of criminal convictions to determine whether I have a conviction or outstanding charge for any relevant offences under the Criminal Records Review Act.
I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the court and crown counsel relating to an outstanding charge or conviction of any relevant offence as defined under the Criminal Records Review Act
Where the results of this check indicate that a criminal record or outstanding charge for a relevant offence may exist, I agree to provide my fingerprints to verify any such criminal record.
The Deputy Registrar will notify me and my organization that I have an outstanding charge or conviction for any relevant offence(s) and the matter has been referred to the Deputy Registrar.
The Deputy Registrar will determine whether or not I present a risk to physical or sexual abuse to children.
The Deputy Registrar's determination will be disclosed to my organization and it will include consideration of any relevant offence for which I have received a pardon.
If I am charged with or convicted of a relevant offence at any time subsequent to the criminal record check authorized herein, I further agree to report the charge or conviction to my organization and provide my organization, in a timely manner, with a new-signed Consent to a Criminal Record Check form.

"Deputy Registrar" means a person appointed under the Public Service Act as deputy registrar for the purposes of this Act.

I attest that (please check the box(es) below):

- I have read and understood the Consent for Release of Information and Acknowledgements above. I hereby consent to these terms as indicated by my signature below.
I hereby authorize the College of Pharmacists of British Columbia to conduct criminal record checks on an ongoing basis every five years. I understand that I may withdraw this consent for future criminal record checks.

Date

Applicant signature



**APPLICATION FOR PRE-REGISTRATION**  
CANADA – NON-AGREEMENT ON INTERNAL TRADE (NON-AIT)

Registrant Confidentiality Undertaking

I agree to access the **PharmaNet** clinical and patient database through the in-pharmacy computer system, on the following terms and conditions:

- I will not access or use any clinical or patient information in the PharmaNet database or the in-Pharmacy computer system for any purpose other than those authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.
- I agree at all times to treat as confidential all information referred to in paragraph (1) and will not participate in or permit, the unauthorized release, publication or disclosure of the said information to any person, corporation or other entity under any circumstances except as authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.
- I agree at all times, to treat as confidential all information relating to the security and management of the PharmaNet database and the in-pharmacy computer system.
- I agree to be bound by the provisions of this agreement and will continue to do so following termination of employment in the pharmacy for any reason.
- I agree to adhere to all policies and procedures issued by the pharmacy manager and/or the pharmacy owner, consistent with legislation, policies, procedures and standards issued by the College of Pharmacists of British Columbia or the Province of British Columbia, related to the confidentiality, privacy and security of the patient or clinical information contained in the PharmaNet database and the in-pharmacy computer database.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

*Note:*

1. *Attach original with application for registration.*
2. *Make a copy for your own files.*



**APPLICATION FOR PRE-REGISTRATION**  
CANADA – NEW GRADUATE

Form 4C-3

Page 1 of 6

## CHECKLIST

### You must submit

1.  Checklist *(page 1)*.
2.  Application form *(page 2)*.
3.  Copy of birth certificate or Canadian citizenship card *(both sides)*.
4.  Copy of university degree(s) or letter from the Dean confirming the date the degree is to be received.
5.  Proof of registration for PEBC Qualifying Examinations Part I and Part II.
6.  Notarized identification *(use form on page 3)*.  
*(Copy of primary and secondary ID (both sides))*
7.  Statutory declaration *(use form on page 4)*.
8.  Criminal record check authorization *(use form on page 5)*.
9.  Registrant Confidentiality Undertaking *(use form on page 6)*.

### You must submit IF

10.  Copy of name change or marriage certificate - if name on any document is different from legal name.
11.  Evidence of your authorization to work in Canada – if you are not a Canadian citizen or a permanent resident. Acceptable documents: Canadian citizenship card, Canadian passport, permanent resident card, social insurance card, or work permit.
12.  A letter/certificate of standing from **each** previous and current regulatory body - if you have engaged in the practice of pharmacy or another health profession in another jurisdiction. Letter/certificate must be dated within three months prior to the date of the application and must be mailed to the college office directly from the regulatory bodies.
13.  Documents in a language other than English must be translated by a government official or an official translator.

**Photocopy both sides of documents where applicable.**





# APPLICATION FOR PRE-REGISTRATION

## CANADA – NEW GRADUATE

Form 4C-3

Page 2 of 6

## Application Form

## CONTACT INFORMATION

Ms  Mrs  Miss  Mr  Dr

Legal name \_\_\_\_\_  
*Last name (Surname)*                          *First name*                          *Other name(s)*

Address \_\_\_\_\_  
\_\_\_\_\_ Tel (home) \_\_\_\_\_  
\_\_\_\_\_ Tel (work) \_\_\_\_\_  
\_\_\_\_\_ Email \_\_\_\_\_  
*City*                          *Province*  
\_\_\_\_\_ \_\_\_\_\_  
*Postal code*                          *Country*

## OTHER INFORMATION

- 1) Education University/Country \_\_\_\_\_  
Degree/Year \_\_\_\_\_
- 2) Birth date YYYY-MM-DD \_\_\_\_\_ YES NO
- 3) Is this the first time you have applied for pre-registration with the College of Pharmacists of BC?

## PAYMENT OPTION

- Cheque/Money order (payable to College of Pharmacists of BC)
- VISA       MasterCard
- Card # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_
- Cardholder name \_\_\_\_\_
- Cardholder signature \_\_\_\_\_

Application fee *	335.00
HST	40.20
<b>Total</b>	<b><u>\$375.20</u></b>
	HST # R106953920

\* Includes criminal record check

All fees are non-refundable and subject to HST.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant signature



# APPLICATION FOR PRE-REGISTRATION

CANADA – NEW GRADUATE

## Notarized Identification

### APPLICANT INFORMATION

Applicant name \_\_\_\_\_

#### Required Documents

Passport photograph, taken within one year, affixed to space provided.

Copy of name change or marriage certificate if name on any document is different from legal name.

#### Required identification - one primary and one secondary.

Identification presented to the Notary Public must be the **original** document issued by the government agency. Photocopies are acceptable only if certified by the issuing government agency to be true copies of the original.



Please check off document type and provide document number

PRIMARY		SECONDARY	
Document type	Document number	Document type	Document number
<input type="checkbox"/> Birth certificate		<input type="checkbox"/> Passport	
<input type="checkbox"/> Canadian citizen card		<input type="checkbox"/> Valid Canadian driver's license	
<input type="checkbox"/> Canadian identity card		<input type="checkbox"/> British Columbia identification card	
		<input type="checkbox"/> Naturalization certificate	
		<input type="checkbox"/> Canadian Forces identification	

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant signature

### NOTARY PUBLIC CERTIFICATION

I hereby verify that the person shown in the photograph affixed on this page is the same person:

- Whose name appears as the Applicant.
- Whose identity has been proven to my satisfaction through presentation of the identification indicated.
- Whose signature on this document was signed in my presence.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary signature

Notary name \_\_\_\_\_

Address \_\_\_\_\_

Tel \_\_\_\_\_

**SEAL**

**APPLICATION FOR PRE-REGISTRATION**

CANADA – NEW GRADUATE

Statutory Declaration (Form 5)

*PROVINCE OF BRITISH COLUMBIA, CANADA, IN THE MATTER OF  
AN APPLICATION FOR REGISTRATION  
WITH THE COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA*

I, \_\_\_\_\_ declare that (*check the appropriate boxes*) :

1. I have not been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act, would constitute unprofessional conduct or conduct unbecoming of a person registered under these bylaws.
2. My entitlement to practise pharmacy or any other health profession has not been limited, restricted or subject to any terms, limits or conditions or disciplinary action in any jurisdiction at any time.
3. At the present time, no investigation, review or proceeding is taking place in any jurisdiction which could result in the suspension or cancellation of my authorization to practise pharmacy or any other health profession.
4. My past conduct does not demonstrate any pattern of incompetence or untrustworthiness, which would make registration contrary to the public interest.
5. I am a person of good character.
6. I am aware of, practice, and will practice at all times in compliance with the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act of British Columbia, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
7. I shall provide the Registrar with the details of any of the following that relate to me or that occur or arise prior, during, or after my registration with the College of Pharmacists of BC.
- *a charge relating to an offence under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs, or relating to any criminal offence;*
  - *a finding of guilt in relation to an offence under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs or in relation to any criminal offence;*
  - *a finding of professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession;*
  - *a proceeding for professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession.*

*On a separate sheet of paper, provide details if any of the above is not true (i.e. if any of the above boxes is not checked off). Details to include:*

- a. Criminal offence/Disciplinary action/Investigation*
- b. Date when offence was committed/Applicable health profession/Applicable jurisdiction*
- c. Disposition of charge including details of penalty-imposed*
- d. Extenuating circumstances you wish taken into account for your application.*

I declare the facts set out herein to be true.

\_\_\_\_\_  
Date\_\_\_\_\_  
Applicant signature



# APPLICATION FOR PRE-REGISTRATION CANADA – NEW GRADUATE

## Criminal Record Check Authorization

### APPLICANT INFORMATION

Legal name \_\_\_\_\_  
*Last name (Surname) First name Other name(s)*

Mailing address \_\_\_\_\_  
*Street City/town Province/State Postal Code*

\_\_\_\_\_ **Contact phone** \_\_\_\_\_  
*Country Area code*

Gender  Male  Female B.C. Driver License \_\_\_\_\_

Birth date \_\_\_\_\_ Birthplace \_\_\_\_\_  
*YYYY-MM-DD City/town Province/State Country*

Other names used or have used (e.g. maiden name, birth name, previous married name)

1. \_\_\_\_\_  
*Surname First name Middle name*

2. \_\_\_\_\_  
*Surname First name Middle name*

3. \_\_\_\_\_  
*Surname First name Middle name*

### FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA)

The information requested on this form is collected under the authority of the Criminal Records Review Act and in the case of child care facilities, the Community Care Facility Act, and the regulations which govern both these acts. The information provided will be used to fulfill the requirements of the Criminal Records Review Act for the release of criminal records information and is in compliance with the FOIPPA.

### CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS

#### Pursuant to the B.C. Criminal Records Review Act

- I hereby consent to a check for records of criminal convictions to determine whether I have a conviction or outstanding charge for any relevant offences under the Criminal Records Review Act.
- I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the court and crown counsel relating to an outstanding charge or conviction of any relevant offence as defined under the Criminal Records Review Act
- Where the results of this check indicate that a criminal record or outstanding charge for a relevant offence may exist, I agree to provide my fingerprints to verify any such criminal record.
- The Deputy Registrar will notify me and my organization that I have an outstanding charge or conviction for any relevant offence(s) and the matter has been referred to the Deputy Registrar.
- The Deputy Registrar will determine whether or not I present a risk to physical or sexual abuse to children.
- The Deputy Registrar's determination will be disclosed to my organization and it will include consideration of any relevant offence for which I have received a pardon.
- If I am charged with or convicted of a relevant offence at any time subsequent to the criminal record check authorized herein, I further agree to report the charge or conviction to my organization and provide my organization, in a timely manner, with a new-signed Consent to a Criminal Record Check form.

"Deputy Registrar" means a person appointed under the Public Service Act as deputy registrar for the purposes of this Act.

### I attest that (please check the box(es) below):

- I have read and understood the Consent for Release of Information and Acknowledgements above. I hereby consent to these terms as indicated by my signature below.
- I hereby authorize the College of Pharmacists of British Columbia to conduct criminal record checks on an ongoing basis every five years. I understand that I may withdraw this consent for future criminal record checks.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant signature



**APPLICATION FOR PRE-REGISTRATION**  
CANADA NEW GRADUATE

Registrant Confidentiality Undertaking

I agree to access the **PharmaNet** clinical and patient database through the in-pharmacy computer system, on the following terms and conditions:

- I will not access or use any clinical or patient information in the PharmaNet database or the in-Pharmacy computer system for any purpose other than those authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.
- I agree at all times to treat as confidential all information referred to in paragraph (1) and will not participate in or permit, the unauthorized release, publication or disclosure of the said information to any person, corporation or other entity under any circumstances except as authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.
- I agree at all times, to treat as confidential all information relating to the security and management of the PharmaNet database and the in-pharmacy computer system.
- I agree to be bound by the provisions of this agreement and will continue to do so following termination of employment in the pharmacy for any reason.
- I agree to adhere to all policies and procedures issued by the pharmacy manager and/or the pharmacy owner, consistent with legislation, policies, procedures and standards issued by the College of Pharmacists of British Columbia or the Province of British Columbia, related to the confidentiality, privacy and security of the patient or clinical information contained in the PharmaNet database and the in-pharmacy computer database.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

**Note:**

1. *Attach original with application for registration.*
2. *Make a copy for your own files.*



## CHECKLIST

### You must submit

1.  Checklist *(page 1)*.
2.  Application form *(page 2)*.
3.  Copy of birth certificate or Canadian citizenship card *(both sides)*.
4.  Copy of university degree(s).
5.  Letter of current standing to be mailed to College office directly from applicant's existing regulatory authorities. Letter must be dated within one month prior to the date of the application.
6.  Notarized identification *(use form on page 3)*.  
*(Copy of primary and secondary ID (both sides))*
7.  Certification of Pharmacy Related Employment *(use form on page 4)*.
8.  Statutory declaration *(use form on page 5)*.
9.  Criminal record check authorization *(use form on page 6)*.
10.  Registrant Confidentiality Undertaking *(use form on page 7)*.

### You must submit IF

11.  Copy of name change or marriage certificate - if name on any document is different from legal name.
12.  Evidence of your authorization to work in Canada - if you are not a Canadian citizen or a permanent resident. Acceptable documents: Canadian citizenship card, Canadian passport, permanent resident card, social insurance card, or work permit.
13.  A letter/certificate of standing from **each** previous and current regulatory body - if you have engaged in the practice of pharmacy or another health profession in another jurisdiction. Letter/certificate must be dated within three months prior to the date of the application and must be mailed to the college office directly from the regulatory bodies.
14.  Copy of PEBC letter confirming completion of PEBC Evaluating Exam - if you did not graduate from a CCAPP or ACPE accredited pharmacy program.
15.  Documents in a language other than English must be translated by a government official or an official translator.

Photocopy both sides of documents where applicable.



# APPLICATION FOR PRE-REGISTRATION

USA

## Application Form

### CONTACT INFORMATION

Ms     Mrs     Miss     Mr     Dr

Legal name \_\_\_\_\_  
*Last name (Surname)                      First name                      Other name(s)*

Address \_\_\_\_\_ Tel (home) \_\_\_\_\_

\_\_\_\_\_ Tel (work) \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

*City    Province*

*Postal code                                      Country*

### OTHER INFORMATION

1) Education    *University/Country* \_\_\_\_\_

*Degree/Year* \_\_\_\_\_

2) Birth date    *YYYY-MM-DD* \_\_\_\_\_                      YES    NO

3) Is this the first time you have applied for pre-registration with the College of Pharmacists of BC?       

### PAYMENT OPTION

Cheque/Money order    *(payable to College of Pharmacists of BC)*

VISA             MasterCard

Card # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_

Cardholder name \_\_\_\_\_

Cardholder signature \_\_\_\_\_

Application fee *	335.00
HST	40.20
<b>Total</b>	<b><u>\$375.20</u></b>
HST # R106953920	

*\* Includes criminal record check*

**All fees are non-refundable and subject to HST.**

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant signature



# APPLICATION FOR PRE-REGISTRATION

USA

## Notarized Identification

### APPLICANT INFORMATION

Applicant name \_\_\_\_\_

#### Required Documents

Passport photograph, taken within one year, affixed to space provided.

Copy of name change or marriage certificate if name on any document is different from legal name.

#### Required identification - one primary and one secondary.

Identification presented to the Notary Public must be the **original** document issued by the government agency. Photocopies are acceptable only if certified by the issuing government agency to be true copies of the original.



Please check off document type and provide document number

PRIMARY		SECONDARY	
Document type	Document number	Document type	Document number
<input type="checkbox"/> Birth certificate		<input type="checkbox"/> Passport	
<input type="checkbox"/> Canadian citizen card		<input type="checkbox"/> Valid Canadian driver's license	
<input type="checkbox"/> Canadian identity card		<input type="checkbox"/> British Columbia identification card	
		<input type="checkbox"/> Naturalization certificate	
		<input type="checkbox"/> Canadian Forces identification	

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant signature

### NOTARY PUBLIC CERTIFICATION

I hereby verify that the person shown in the photograph affixed on this page is the same person:

- Whose name appears as the Applicant.
- Whose identity has been proven to my satisfaction through presentation of the identification indicated.
- Whose signature on this document was signed in my presence.

\_\_\_\_\_ Date

\_\_\_\_\_ Notary signature

Notary name \_\_\_\_\_

Address \_\_\_\_\_

Tel \_\_\_\_\_

**SEAL**





# APPLICATION FOR PRE-REGISTRATION

USA

## Certification of Pharmacy Related Employment

### EMPLOYMENT INFORMATION

Applicant name \_\_\_\_\_

Employer name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

Position \_\_\_\_\_ Total hours worked \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_

### EMPLOYER CERTIFICATION

I certify that the above employment information is correct.

Name \_\_\_\_\_

Position \_\_\_\_\_  
Pharmacy Manager / Pharmacy Owner / Human Resources Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer signature

**APPLICATION FOR PRE-REGISTRATION**

USA

## Statutory Declaration (Form 5)

*PROVINCE OF BRITISH COLUMBIA, CANADA, IN THE MATTER OF  
AN APPLICATION FOR REGISTRATION  
WITH THE COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA*

I, \_\_\_\_\_ declare that (*check the appropriate boxes*) :

1. I have not been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act, would constitute unprofessional conduct or conduct unbecoming of a person registered under these bylaws.
2. My entitlement to practise pharmacy or any other health profession has not been limited, restricted or subject to any terms, limits or conditions or disciplinary action in any jurisdiction at any time.
3. At the present time, no investigation, review or proceeding is taking place in any jurisdiction which could result in the suspension or cancellation of my authorization to practise pharmacy or any other health profession.
4. My past conduct does not demonstrate any pattern of incompetence or untrustworthiness, which would make registration contrary to the public interest.
5. I am a person of good character.
6. I am aware of, practice, and will practice at all times in compliance with the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act of British Columbia, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
7. I shall provide the Registrar with the details of any of the following that relate to me or that occur or arise prior, during, or after my registration with the College of Pharmacists of BC.
- *a charge relating to an offence under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs, or relating to any criminal offence;*
  - *a finding of guilt in relation to an offence under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs or in relation to any criminal offence;*
  - *a finding of professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession;*
  - *a proceeding for professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession.*

*On a separate sheet of paper, provide details if any of the above is not true (i.e. if any of the above boxes is not checked off). Details to include:*

- a. Criminal offence/Disciplinary action/Investigation*
- b. Date when offence was committed/Applicable health profession/Applicable jurisdiction*
- c. Disposition of charge including details of penalty-imposed*
- d. Extenuating circumstances you wish taken into account for your application.*

I declare the facts set out herein to be true.

\_\_\_\_\_  
Date\_\_\_\_\_  
Applicant signature



# APPLICATION FOR PRE-REGISTRATION

USA

## Criminal Record Check Authorization

### APPLICANT INFORMATION

Legal name \_\_\_\_\_  
*Last name (Surname) First name Other name(s)*

Mailing address \_\_\_\_\_  
*Street City/town Province/State Postal Code*

\_\_\_\_\_ **Contact phone** \_\_\_\_\_  
*Country Area code*

Gender  Male  Female B.C. Driver License \_\_\_\_\_

Birth date \_\_\_\_\_ Birthplace \_\_\_\_\_  
*YYYY-MM-DD City/town Province/State Country*

Other names used or have used (e.g. maiden name, birth name, previous married name)

1. \_\_\_\_\_  
*Surname First name Middle name*

2. \_\_\_\_\_  
*Surname First name Middle name*

3. \_\_\_\_\_  
*Surname First name Middle name*

### FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA)

The information requested on this form is collected under the authority of the Criminal Records Review Act and in the case of child care facilities, the Community Care Facility Act, and the regulations which govern both these acts. The information provided will be used to fulfill the requirements of the Criminal Records Review Act for the release of criminal records information and is in compliance with the FOIPPA.

### CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS

#### Pursuant to the B.C. Criminal Records Review Act

- I hereby consent to a check for records of criminal convictions to determine whether I have a conviction or outstanding charge for any relevant offences under the Criminal Records Review Act.
- I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the court and crown counsel relating to an outstanding charge or conviction of any relevant offence as defined under the Criminal Records Review Act
- Where the results of this check indicate that a criminal record or outstanding charge for a relevant offence may exist, I agree to provide my fingerprints to verify any such criminal record.
- The Deputy Registrar will notify me and my organization that I have an outstanding charge or conviction for any relevant offence(s) and the matter has been referred to the Deputy Registrar.
- The Deputy Registrar will determine whether or not I present a risk to physical or sexual abuse to children.
- The Deputy Registrar's determination will be disclosed to my organization and it will include consideration of any relevant offence for which I have received a pardon.
- If I am charged with or convicted of a relevant offence at any time subsequent to the criminal record check authorized herein, I further agree to report the charge or conviction to my organization and provide my organization, in a timely manner, with a new-signed Consent to a Criminal Record Check form.

"Deputy Registrar" means a person appointed under the Public Service Act as deputy registrar for the purposes of this Act.

### I attest that (please check the box(es) below):

- I have read and understood the Consent for Release of Information and Acknowledgements above. I hereby consent to these terms as indicated by my signature below.
- I hereby authorize the College of Pharmacists of British Columbia to conduct criminal record checks on an ongoing basis every five years. I understand that I may withdraw this consent for future criminal record checks.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant signature

**APPLICATION FOR PRE-REGISTRATION**

USA

## Registrant Confidentiality Undertaking

I agree to access the **PharmaNet** clinical and patient database through the in-pharmacy computer system, on the following terms and conditions:

- I will not access or use any clinical or patient information in the PharmaNet database or the in-Pharmacy computer system for any purpose other than those authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.
- I agree at all times to treat as confidential all information referred to in paragraph (1) and will not participate in or permit, the unauthorized release, publication or disclosure of the said information to any person, corporation or other entity under any circumstances except as authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.
- I agree at all times, to treat as confidential all information relating to the security and management of the PharmaNet database and the in-pharmacy computer system.
- I agree to be bound by the provisions of this agreement and will continue to do so following termination of employment in the pharmacy for any reason.
- I agree to adhere to all policies and procedures issued by the pharmacy manager and/or the pharmacy owner, consistent with legislation, policies, procedures and standards issued by the College of Pharmacists of British Columbia or the Province of British Columbia, related to the confidentiality, privacy and security of the patient or clinical information contained in the PharmaNet database and the in-pharmacy computer database.

---

Print name

---

Applicant signature

---

Date

**Note:**

1. *Attach original with application for registration.*
2. *Make a copy for your own files.*



## APPLICATION FOR PRE-REGISTRATION

USA - NEW GRADUATE

Form 4C-5

Page 1 of 6

# CHECKLIST

### You must submit

1.  Checklist *(page 1)*.
2.  Application form *(page 2)*.
3.  Copy of birth certificate or Canadian citizenship card *(both sides)*.
4.  Copy of university degree(s) or letter from the Dean confirming the date the degree is to be received.
5.  Proof of registration for PEBC Qualifying Examinations Part I and Part II.
6.  Notarized identification *(use form on page 3)*.  
*(Copy of primary and secondary ID (both sides))*
7.  Statutory declaration *(use form on page 4)*.
8.  Criminal record check authorization *(use form on page 5)*.
9.  Registrant Confidentiality Undertaking *(use form on page 6)*.

### You must submit IF

10.  Copy of name change or marriage certificate - if name on any document is different from legal name.
11.  Evidence of your authorization to work in Canada – if you are not a Canadian citizen or a permanent resident. Acceptable documents: Canadian citizenship card, Canadian passport, permanent resident card, social insurance card, or work permit.
12.  A letter/certificate of standing from **each** previous and current regulatory body - if you have engaged in the practice of pharmacy or another health profession in another jurisdiction. Letter/certificate must be dated within three months prior to the date of the application and must be mailed to the college office directly from the regulatory bodies.
13.  Documents in a language other than English must be translated by a government official or an official translator.

Photocopy both sides of documents where applicable.



# APPLICATION FOR PRE-REGISTRATION

USA - NEW GRADUATE

## Application Form

### CONTACT INFORMATION

Ms  Mrs  Miss  Mr  Dr

Legal name \_\_\_\_\_  
Last name (Surname) First name Other name(s)

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
City Province

\_\_\_\_\_ Postal code Country

Tel (home) \_\_\_\_\_  
 Tel (work) \_\_\_\_\_  
 Email \_\_\_\_\_

### OTHER INFORMATION

- 1) Education University/Country \_\_\_\_\_  
Degree/Year \_\_\_\_\_
- 2) Birth date YYYY-MM-DD \_\_\_\_\_ YES NO
- 3) Is this the first time you have applied for pre-registration with the College of Pharmacists of BC?  YES  NO

### PAYMENT OPTION

Cheque/Money order (payable to College of Pharmacists of BC)

VISA  MasterCard

Card # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_

Cardholder name \_\_\_\_\_

Cardholder signature \_\_\_\_\_

Application fee *	335.00
HST	40.20
<b>Total</b>	<b>\$375.20</b>
<small>HST # R106953920</small>	

\* Includes criminal record check

All fees are non-refundable and subject to HST.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant signature



# APPLICATION FOR PRE-REGISTRATION

USA - NEW GRADUATE

## Notarized Identification

### APPLICANT INFORMATION

Applicant name \_\_\_\_\_

#### Required Documents

Passport photograph, taken within one year, affixed to space provided.

Copy of name change or marriage certificate if name on any document is different from legal name.

#### Required identification - one primary and one secondary.

Identification presented to the Notary Public must be the **original** document issued by the government agency. Photocopies are acceptable only if certified by the issuing government agency to be true copies of the original.



Please check off document type and provide document number

PRIMARY		SECONDARY	
Document type	Document number	Document type	Document number
<input type="checkbox"/> Birth certificate		<input type="checkbox"/> Passport	
<input type="checkbox"/> Canadian citizen card		<input type="checkbox"/> Valid Canadian driver's license	
<input type="checkbox"/> Canadian identity card		<input type="checkbox"/> British Columbia identification card	
		<input type="checkbox"/> Naturalization certificate	
		<input type="checkbox"/> Canadian Forces identification	

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant signature

### NOTARY PUBLIC CERTIFICATION

I hereby verify that the person shown in the photograph affixed on this page is the same person:

- Whose name appears as the Applicant.
- Whose identity has been proven to my satisfaction through presentation of the identification indicated.
- Whose signature on this document was signed in my presence.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary signature

Notary name \_\_\_\_\_

Address \_\_\_\_\_

Tel \_\_\_\_\_

**SEAL**

**APPLICATION FOR PRE-REGISTRATION**

USA – NEW GRADUATE

## Statutory Declaration (Form 5)

*PROVINCE OF BRITISH COLUMBIA, CANADA, IN THE MATTER OF  
AN APPLICATION FOR REGISTRATION  
WITH THE COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA*

I, \_\_\_\_\_ declare that (*check the appropriate boxes*) :

1. I have not been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act, would constitute unprofessional conduct or conduct unbecoming of a person registered under these bylaws.
2. My entitlement to practise pharmacy or any other health profession has not been limited, restricted or subject to any terms, limits or conditions or disciplinary action in any jurisdiction at any time.
3. At the present time, no investigation, review or proceeding is taking place in any jurisdiction which could result in the suspension or cancellation of my authorization to practise pharmacy or any other health profession.
4. My past conduct does not demonstrate any pattern of incompetence or untrustworthiness, which would make registration contrary to the public interest.
5. I am a person of good character.
6. I am aware of, practice, and will practice at all times in compliance with the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act of British Columbia, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
7. I shall provide the Registrar with the details of any of the following that relate to me or that occur or arise prior, during, or after my registration with the College of Pharmacists of BC.
- *a charge relating to an offence under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs, or relating to any criminal offence;*
  - *a finding of guilt in relation to an offence under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs or in relation to any criminal offence;*
  - *a finding of professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession;*
  - *a proceeding for professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession.*

*On a separate sheet of paper, provide details if any of the above is not true (i.e. if any of the above boxes is not checked off). Details to include:*

- a. Criminal offence/Disciplinary action/Investigation*
- b. Date when offence was committed/Applicable health profession/Applicable jurisdiction*
- c. Disposition of charge including details of penalty-imposed*
- d. Extenuating circumstances you wish taken into account for your application.*

I declare the facts set out herein to be true.

\_\_\_\_\_  
Date\_\_\_\_\_  
Applicant signature





# APPLICATION FOR PRE-REGISTRATION

USA - NEW GRADUATE

## Criminal Record Check Authorization

### APPLICANT INFORMATION

Legal name \_\_\_\_\_  
*Last name (Surname) First name Other name(s)*

Mailing address \_\_\_\_\_  
*Street City/town Province/State Postal Code*

\_\_\_\_\_ Contact phone \_\_\_\_\_  
*Country Area code*

Gender  Male  Female B.C. Driver License \_\_\_\_\_

Birth date \_\_\_\_\_ Birthplace \_\_\_\_\_  
*YYYY-MM-DD City/town Province/State Country*

Other names used or have used (e.g. maiden name, birth name, previous married name)

1. \_\_\_\_\_  
*Surname First name Middle name*

2. \_\_\_\_\_  
*Surname First name Middle name*

3. \_\_\_\_\_  
*Surname First name Middle name*

### FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA)

The information requested on this form is collected under the authority of the Criminal Records Review Act and in the case of child care facilities, the Community Care Facility Act, and the regulations which govern both these acts. The information provided will be used to fulfill the requirements of the Criminal Records Review Act for the release of criminal records information and is in compliance with the FOIPPA.

### CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS

#### Pursuant to the B.C. Criminal Records Review Act

- I hereby consent to a check for records of criminal convictions to determine whether I have a conviction or outstanding charge for any relevant offences under the Criminal Records Review Act.
- I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the court and crown counsel relating to an outstanding charge or conviction of any relevant offence as defined under the Criminal Records Review Act
- Where the results of this check indicate that a criminal record or outstanding charge for a relevant offence may exist, I agree to provide my fingerprints to verify any such criminal record.
- The Deputy Registrar will notify me and my organization that I have an outstanding charge or conviction for any relevant offence(s) and the matter has been referred to the Deputy Registrar.
- The Deputy Registrar will determine whether or not I present a risk to physical or sexual abuse to children.
- The Deputy Registrar's determination will be disclosed to my organization and it will include consideration of any relevant offence for which I have received a pardon.
- If I am charged with or convicted of a relevant offence at any time subsequent to the criminal record check authorized herein, I further agree to report the charge or conviction to my organization and provide my organization, in a timely manner, with a new-signed Consent to a Criminal Record Check form.

"Deputy Registrar" means a person appointed under the Public Service Act as deputy registrar for the purposes of this Act.

### I attest that (please check the box(es) below):

- I have read and understood the Consent for Release of Information and Acknowledgements above. I hereby consent to these terms as indicated by my signature below.
- I hereby authorize the College of Pharmacists of British Columbia to conduct criminal record checks on an ongoing basis every five years. I understand that I may withdraw this consent for future criminal record checks.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant signature



## APPLICATION FOR PRE-REGISTRATION

### USA NEW GRADUATE

#### Registrant Confidentiality Undertaking

I agree to access the **PharmaNet** clinical and patient database through the in-pharmacy computer system, on the following terms and conditions:

- I will not access or use any clinical or patient information in the PharmaNet database or the in-Pharmacy computer system for any purpose other than those authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.
- I agree at all times to treat as confidential all information referred to in paragraph (1) and will not participate in or permit, the unauthorized release, publication or disclosure of the said information to any person, corporation or other entity under any circumstances except as authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.
- I agree at all times, to treat as confidential all information relating to the security and management of the PharmaNet database and the in-pharmacy computer system.
- I agree to be bound by the provisions of this agreement and will continue to do so following termination of employment in the pharmacy for any reason.
- I agree to adhere to all policies and procedures issued by the pharmacy manager and/or the pharmacy owner, consistent with legislation, policies, procedures and standards issued by the College of Pharmacists of British Columbia or the Province of British Columbia, related to the confidentiality, privacy and security of the patient or clinical information contained in the PharmaNet database and the in-pharmacy computer database.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

**Note:**

1. *Attach original with application for registration.*
2. *Make a copy for your own files.*



**APPLICATION FOR PRE-REGISTRATION**  
INTERNATIONAL PHARMACY GRADUATE (IPG)

Form 4C-6

Page 1 of 6

## CHECKLIST

### You must submit

1.  Checklist *(page 1)*.
2.  Application form *(page 2)*.
3.  Copy of birth certificate or Canadian citizenship card *(both sides)*.
4.  Copy of university degree(s).
5.  Copy of PEBC letter confirming completion of PEBC Evaluating Exam.
6.  Letter of current standing to be mailed to College office directly from applicant's existing regulatory authorities. Letter must be dated within three months prior to the date of the application. Letter of standing from PEBC will not be accepted.
7.  Notarized identification *(use form on page 3)*.  
*(Copy of primary and secondary ID (both sides))*
8.  Statutory declaration *(use form on page 4)*.
9.  Criminal record check authorization *(use form on page 5)*.
10.  Registrant Confidentiality Undertaking *(use form on page 6)*.

### You must submit IF

11.  Copy of name change or marriage certificate - if name on any document is different from legal name.
12.  Evidence of your authorization to work in Canada – if you are not a Canadian citizen or a permanent resident. Acceptable documents: Canadian citizenship card, Canadian passport, permanent resident card, social insurance card, or work permit.
13.  A letter/certificate of standing from **each** previous and current regulatory body - if you have engaged in the practice of pharmacy or another health profession in another jurisdiction. Letter/certificate must be dated within three months prior to the date of the application and must be mailed to the college office directly from the regulatory bodies.
14.  Documents in a language other than English must be translated by a government official or an official translator.

Photocopy both sides of documents where applicable.



# APPLICATION FOR PRE-REGISTRATION INTERNATIONAL PHARMACY GRADUATE (IPG)

## Application Form

### CONTACT INFORMATION

Ms  Mrs  Miss  Mr  Dr

Legal name \_\_\_\_\_  
Last name (Surname) First name Other name(s)

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
City Province

Postal code \_\_\_\_\_ Country \_\_\_\_\_

Tel (home) \_\_\_\_\_  
 Tel (work) \_\_\_\_\_  
 Email \_\_\_\_\_

### OTHER INFORMATION

- 1) Education University/Country \_\_\_\_\_  
Degree/Year \_\_\_\_\_
- 2) Birth date YYYY-MM-DD \_\_\_\_\_ YES NO
- 3) Is this the first time you have applied for pre-registration with the College of Pharmacists of BC?  YES  NO

### PAYMENT OPTION

- Cheque/Money order (payable to College of Pharmacists of BC)
- VISA  MasterCard
- Card # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_
- Cardholder name \_\_\_\_\_
- Cardholder signature \_\_\_\_\_

Application fee *	335.00
HST	40.20
<b>Total</b>	<b>\$375.20</b>
HST # R106953920	

\* Includes criminal record check

**All fees are non-refundable and subject to HST.**

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant signature



**APPLICATION FOR PRE-REGISTRATION  
INTERNATIONAL PHARMACY GRADUATE (IPG)**

Notarized Identification

**APPLICANT INFORMATION**

Applicant name \_\_\_\_\_

**Required Documents**

Passport photograph, taken within one year, affixed to space provided.

Copy of name change or marriage certificate if name on any document is different from legal name.

**Required identification - one primary and one secondary.**

Identification presented to the Notary Public must be the **original** document issued by the government agency. Photocopies are acceptable only if certified by the issuing government agency to be true copies of the original.



Please check off document type and provide document number

PRIMARY		SECONDARY	
Document type	Document number	Document type	Document number
<input type="checkbox"/> Birth certificate		<input type="checkbox"/> Passport	
<input type="checkbox"/> Canadian citizen card		<input type="checkbox"/> Valid Canadian driver's license	
<input type="checkbox"/> Canadian identity card		<input type="checkbox"/> British Columbia identification card	
		<input type="checkbox"/> Naturalization certificate	
		<input type="checkbox"/> Canadian Forces identification	

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant signature

**NOTARY PUBLIC CERTIFICATION**

I hereby verify that the person shown in the photograph affixed on this page is the same person:

- Whose name appears as the Applicant.
- Whose identity has been proven to my satisfaction through presentation of the identification indicated.
- Whose signature on this document was signed in my presence.

\_\_\_\_\_ Date

\_\_\_\_\_ Notary signature

Notary name \_\_\_\_\_

Address \_\_\_\_\_

Tel \_\_\_\_\_

**SEAL**

**APPLICATION FOR PRE-REGISTRATION**

## INTERNATIONAL PHARMACY GRADUATE (IPG)

## Statutory Declaration (Form 5)

*PROVINCE OF BRITISH COLUMBIA, CANADA, IN THE MATTER OF  
AN APPLICATION FOR REGISTRATION  
WITH THE COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA*

I, \_\_\_\_\_ declare that (*check the appropriate boxes*) :

1. I have not been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act, would constitute unprofessional conduct or conduct unbecoming of a person registered under these bylaws.
2. My entitlement to practise pharmacy or any other health profession has not been limited, restricted or subject to any terms, limits or conditions or disciplinary action in any jurisdiction at any time.
3. At the present time, no investigation, review or proceeding is taking place in any jurisdiction which could result in the suspension or cancellation of my authorization to practise pharmacy or any other health profession.
4. My past conduct does not demonstrate any pattern of incompetence or untrustworthiness, which would make registration contrary to the public interest.
5. I am a person of good character.
6. I am aware of, practice, and will practice at all times in compliance with the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act of British Columbia, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
7. I shall provide the Registrar with the details of any of the following that relate to me or that occur or arise prior, during, or after my registration with the College of Pharmacists of BC.
- *a charge relating to an offence under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs, or relating to any criminal offence;*
  - *a finding of guilt in relation to an offence under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs or in relation to any criminal offence;*
  - *a finding of professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession;*
  - *a proceeding for professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession.*

*On a separate sheet of paper, provide details if any of the above is not true (i.e. if any of the above boxes is not checked off). Details to include:*

- a. Criminal offence/Disciplinary action/Investigation*
- b. Date when offence was committed/Applicable health profession/Applicable jurisdiction*
- c. Disposition of charge including details of penalty-imposed*
- d. Extenuating circumstances you wish taken into account for your application.*

I declare the facts set out herein to be true.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant signature



# APPLICATION FOR PRE-REGISTRATION INTERNATIONAL PHARMACY GRADUATE (IPG)

## Criminal Record Check Authorization

### APPLICANT INFORMATION

Legal name \_\_\_\_\_  
*Last name (Surname) First name Other name(s)*

Mailing address \_\_\_\_\_  
*Street City/town Province/State Postal Code*

\_\_\_\_\_ **Contact phone** \_\_\_\_\_  
*Country Area code*

Gender  Male  Female B.C. Driver License \_\_\_\_\_

Birth date \_\_\_\_\_ Birthplace \_\_\_\_\_  
*YYYY-MM-DD City/town Province/State Country*

Other names used or have used (e.g. maiden name, birth name, previous married name)

1. \_\_\_\_\_  
*Surname First name Middle name*

2. \_\_\_\_\_  
*Surname First name Middle name*

3. \_\_\_\_\_  
*Surname First name Middle name*

### FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA)

The information requested on this form is collected under the authority of the Criminal Records Review Act and in the case of child care facilities, the Community Care Facility Act, and the regulations which govern both these acts. The information provided will be used to fulfill the requirements of the Criminal Records Review Act for the release of criminal records information and is in compliance with the FOIPPA.

### CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS

#### Pursuant to the B.C. Criminal Records Review Act

- I hereby consent to a check for records of criminal convictions to determine whether I have a conviction or outstanding charge for any relevant offences under the Criminal Records Review Act.
- I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the court and crown counsel relating to an outstanding charge or conviction of any relevant offence as defined under the Criminal Records Review Act
- Where the results of this check indicate that a criminal record or outstanding charge for a relevant offence may exist, I agree to provide my fingerprints to verify any such criminal record.
- The Deputy Registrar will notify me and my organization that I have an outstanding charge or conviction for any relevant offence(s) and the matter has been referred to the Deputy Registrar.
- The Deputy Registrar will determine whether or not I present a risk to physical or sexual abuse to children.
- The Deputy Registrar's determination will be disclosed to my organization and it will include consideration of any relevant offence for which I have received a pardon.
- If I am charged with or convicted of a relevant offence at any time subsequent to the criminal record check authorized herein, I further agree to report the charge or conviction to my organization and provide my organization, in a timely manner, with a new-signed Consent to a Criminal Record Check form.

"Deputy Registrar" means a person appointed under the Public Service Act as deputy registrar for the purposes of this Act.

I attest that (please check the box(es) below):

- I have read and understood the Consent for Release of Information and Acknowledgements above. I hereby consent to these terms as indicated by my signature below.
- I hereby authorize the College of Pharmacists of British Columbia to conduct criminal record checks on an ongoing basis every five years. I understand that I may withdraw this consent for future criminal record checks.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant signature



**APPLICATION FOR PRE-REGISTRATION**  
INTERNATIONAL PHARMACY GRADUATE (IPG)

Registrant Confidentiality Undertaking

I agree to access the **PharmaNet** clinical and patient database through the in-pharmacy computer system, on the following terms and conditions:

- I will not access or use any clinical or patient information in the PharmaNet database or the in-Pharmacy computer system for any purpose other than those authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.
- I agree at all times to treat as confidential all information referred to in paragraph (1) and will not participate in or permit, the unauthorized release, publication or disclosure of the said information to any person, corporation or other entity under any circumstances except as authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.
- I agree at all times, to treat as confidential all information relating to the security and management of the PharmaNet database and the in-pharmacy computer system.
- I agree to be bound by the provisions of this agreement and will continue to do so following termination of employment in the pharmacy for any reason.
- I agree to adhere to all policies and procedures issued by the pharmacy manager and/or the pharmacy owner, consistent with legislation, policies, procedures and standards issued by the College of Pharmacists of British Columbia or the Province of British Columbia, related to the confidentiality, privacy and security of the patient or clinical information contained in the PharmaNet database and the in-pharmacy computer database.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

**Note:**

1. *Attach original with application for registration.*
2. *Make a copy for your own files.*





**APPLICATION FOR**  
**STUDENT PHARMACIST (UBC) REGISTRATION**

**Please submit this application to the College of Pharmacists of BC**

## CHECKLIST

### You must submit

1.  Checklist *(page 1)*.
2.  Application form *(page 2)*.
3.  Copy of birth certificate or Canadian citizenship card *(both sides)*.
4.  Copy of letter from UBC confirming registration with Faculty of Pharmacy.
5.  Notarized identification *(use form on page 3)*.  
*(Copy of primary and secondary ID (both sides))*
6.  Statutory declaration *(use form on page 4)*.
7.  Criminal record check authorization *(use form on page 5)*.

### You must submit IF

8.  Copy of name change or marriage certificate - if name on any document is different from legal name.
9.  Evidence of your authorization to work in Canada – if you are not a Canadian citizen or a permanent resident. Acceptable documents: Canadian citizenship card, Canadian passport, permanent resident card, social insurance card, or work permit.
10.  A letter/certificate of standing from **each** previous and current regulatory body - if you have engaged in the practice of pharmacy or another health profession in another jurisdiction. Letter/ certificate must be dated within three months prior to the date of the application and must be mailed to the college office directly from the regulatory bodies.
11.  Documents in a language other than English must be translated by a government official or an official translator.

**Photocopy both sides of documents where applicable.**



# APPLICATION FOR STUDENT PHARMACIST (UBC) REGISTRATION

## Application Form

### CONTACT INFORMATION

Ms     Mrs     Miss     Mr     Dr

Legal name \_\_\_\_\_  
Last name (Surname)                      First name                      Other name(s)

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Tel (home) \_\_\_\_\_  
 Tel (work) \_\_\_\_\_  
 Email \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_  
 Postal code \_\_\_\_\_ Country \_\_\_\_\_

### OTHER INFORMATION

- 1) Education UBC Student ID # \_\_\_\_\_
- 2) Birth date YYYY-MM-DD \_\_\_\_\_ YES NO
- 3) Is this the first time you have applied for pre-registration with the College of Pharmacists of BC?  YES  NO

### PAYMENT OPTION

Cheque/Money order (payable to College of Pharmacists of BC)

VISA     MasterCard

Card # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_

Cardholder name \_\_\_\_\_

Cardholder signature \_\_\_\_\_

Application fee *	177.50
HST	21.30
<b>Total</b>	<b>\$198.80</b>
HST # R106953920	

\* Includes criminal record check

All fees are non-refundable and subject to HST.

I hereby authorize the College of Pharmacists of British Columbia to disclose my criminal record check information to the University of British Columbia for the purposes of compliance with the Criminal Records Review Act.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant signature



**APPLICATION FOR  
STUDENT PHARMACIST (UBC) REGISTRATION**

Notarized Identification

**APPLICANT INFORMATION**

Applicant name \_\_\_\_\_



**Required Documents**

Passport photograph, taken within one year, affixed to space provided.

Copy of name change or marriage certificate if name on any document is different from legal name.

**Required identification - one primary and one secondary.**

Identification presented to the Notary Public must be the **original** document issued by the government agency. Photocopies are acceptable only if certified by the issuing government agency to be true copies of the original.

Please check off document type and provide document number

PRIMARY		SECONDARY	
Document type	Document number	Document type	Document number
<input type="checkbox"/> Birth certificate		<input type="checkbox"/> Passport	
<input type="checkbox"/> Canadian citizen card		<input type="checkbox"/> Valid Canadian driver's license	
<input type="checkbox"/> Canadian identity card		<input type="checkbox"/> British Columbia identification card	
		<input type="checkbox"/> Naturalization certificate	
		<input type="checkbox"/> Canadian Forces identification	

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant signature

**NOTARY PUBLIC CERTIFICATION**

I hereby verify that the person shown in the photograph affixed on this page is the same person:

- Whose name appears as the Applicant.
- Whose identity has been proven to my satisfaction through presentation of the identification indicated.
- Whose signature on this document was signed in my presence.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary signature

Notary name \_\_\_\_\_

Address \_\_\_\_\_

Tel \_\_\_\_\_

**SEAL**



**APPLICATION FOR  
STUDENT PHARMACIST (UBC) REGISTRATION**

Statutory Declaration (Form 5)

*PROVINCE OF BRITISH COLUMBIA, CANADA, IN THE MATTER OF  
AN APPLICATION FOR REGISTRATION  
WITH THE COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA*

I, \_\_\_\_\_ declare that (*check the appropriate boxes*) :

- 1. I have not been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act, would constitute unprofessional conduct or conduct unbecoming of a person registered under these bylaws.
- 2. My entitlement to practise pharmacy or any other health profession has not been limited, restricted or subject to any terms, limits or conditions or disciplinary action in any jurisdiction at any time.
- 3. At the present time, no investigation, review or proceeding is taking place in any jurisdiction which could result in the suspension or cancellation of my authorization to practise pharmacy or any other health profession.
- 4. My past conduct does not demonstrate any pattern of incompetence or untrustworthiness, which would make registration contrary to the public interest.
- 5. I am a person of good character.
- 6. I am aware of, practice, and will practice at all times in compliance with the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act of British Columbia, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
- 7. I shall provide the Registrar with the details of any of the following that relate to me or that occur or arise prior, during, or after my registration with the College of Pharmacists of BC.
  - a charge relating to an offense under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs, or relating to any criminal offense;
  - a finding of guilt in relation to an offense under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs or in relation to any criminal offense;
  - a finding of professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession;
  - a proceeding for professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession.

*On a separate sheet of paper, provide details if any of the above is not true (i.e. if any of the above boxes is not checked off). Details to include:*

- a. *Criminal offence/Disciplinary action/Investigation*
- b. *Date when offence was committed/Applicable health profession/Applicable jurisdiction*
- c. *Disposition of charge including details of penalty-imposed*
- d. *Extenuating circumstances you wish taken into account for your application.*

I declare the facts set out herein to be true.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant signature



# APPLICATION FOR STUDENT PHARMACIST (UBC) REGISTRATION

## Criminal Record Check Authorization

### APPLICANT INFORMATION

Legal name \_\_\_\_\_  
*Last name (Surname) First name Other name(s)*

Mailing address \_\_\_\_\_  
*Street City/town Province/State Postal Code*

\_\_\_\_\_ **Contact phone** \_\_\_\_\_  
*Country Area code*

Gender  Male  Female B.C. Driver License \_\_\_\_\_

Birth date \_\_\_\_\_ Birthplace \_\_\_\_\_  
*YYYY-MM-DD City/town Province/State Country*

Other names used or have used (e.g. maiden name, birth name, previous married name)

1. \_\_\_\_\_  
*Surname First name Middle name*

2. \_\_\_\_\_  
*Surname First name Middle name*

3. \_\_\_\_\_  
*Surname First name Middle name*

### FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA)

The information requested on this form is collected under the authority of the Criminal Records Review Act and in the case of child care facilities, the Community Care Facility Act, and the regulations which govern both these acts. The information provided will be used to fulfill the requirements of the Criminal Records Review Act for the release of criminal records information and is in compliance with the FOIPPA.

### CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS

#### Pursuant to the B.C. Criminal Records Review Act

- I hereby consent to a check for records of criminal convictions to determine whether I have a conviction or outstanding charge for any relevant offences under the Criminal Records Review Act.
- I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the court and crown counsel relating to an outstanding charge or conviction of any relevant offence as defined under the Criminal Records Review Act
- Where the results of this check indicate that a criminal record or outstanding charge for a relevant offence may exist, I agree to provide my fingerprints to verify any such criminal record.
- The Deputy Registrar will notify me and my organization that I have an outstanding charge or conviction for any relevant offence(s) and the matter has been referred to the Deputy Registrar.
- The Deputy Registrar will determine whether or not I present a risk to physical or sexual abuse to children.
- The Deputy Registrar's determination will be disclosed to my organization and it will include consideration of any relevant offence for which I have received a pardon.
- If I am charged with or convicted of a relevant offence at any time subsequent to the criminal record check authorized herein, I further agree to report the charge or conviction to my organization and provide my organization, in a timely manner, with a new-signed Consent to a Criminal Record Check form.

"Deputy Registrar" means a person appointed under the Public Service Act as deputy registrar for the purposes of this Act.

### I attest that (please check the box(es) below):

- I have read and understood the Consent for Release of Information and Acknowledgements above. I hereby consent to these terms as indicated by my signature below.
- I hereby authorize the College of Pharmacists of British Columbia to conduct criminal record checks on an ongoing basis every five years. I understand that I may withdraw this consent for future criminal record checks.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant signature



**APPLICATION FOR PRE-REGISTRATION**  
STUDENT PHARMACIST (NON UBC) REGISTRATION

Please submit this application to the College of Pharmacists of BC

## CHECKLIST

### You must submit

1.  Checklist *(page 1)*.
2.  Application form *(page 2)*.
3.  Copy of birth certificate or Canadian citizenship card *(both sides)*.
4.  Copy of student ID card *(both sides)*.
5.  Notarized identification *(use form on page 3)*.  
*(Copy of primary and secondary ID (both sides))*
6.  Statutory declaration *(use form on page 4)*.
7.  Criminal record check authorization *(use form on page 5)*.

### You must submit IF

8.  Copy of name change or marriage certificate - if name on any document is different from legal name.
9.  Evidence of your authorization to work in Canada – if you are not a Canadian citizen or a permanent resident. Acceptable documents: Canadian citizenship card, Canadian passport, permanent resident card, social insurance card, or work permit.
10.  A letter/certificate of standing from **each** current and previous regulatory body - if you have engaged in the practice of pharmacy or another health profession in another jurisdiction. Letter/certificate must be dated within three months prior to the date of the application and must be mailed to the college office directly from the regulatory bodies.
11.  Documents in a language other than English must be translated by a government official or an official translator.

Photocopy both sides of documents where applicable.



APPLICATION FOR PRE-REGISTRATION
STUDENT PHARMACIST (NON UBC) REGISTRATION

Application Form

CONTACT INFORMATION

Ms Mrs Miss Mr Dr

Legal name, Address, Tel (home), Tel (work), Email, City, Province, Postal code, Country

OTHER INFORMATION

- 1) Education Student ID #, Canadian University
2) Birth date YYYY-MM-DD YES NO
3) Is this the first time you have applied for pre-registration with the College of Pharmacists of BC? YES NO

PAYMENT OPTION

Cheque/Money order, VISA, MasterCard, Card #, Exp, Cardholder name, Cardholder signature

Table with 2 columns: Fee Type, Amount. Application fee \* 177.50, HST 21.30, Total \$198.80, HST # R106953920

\* Includes criminal record check

All fees are non-refundable and subject to HST.

Date

Applicant signature



**APPLICATION FOR PRE-REGISTRATION**  
STUDENT PHARMACIST (NON UBC) REGISTRATION

Notarized Identification

**APPLICANT INFORMATION**

Applicant name \_\_\_\_\_

**Required Documents**

Passport photograph, taken within one year, affixed to space provided.

Copy of name change or marriage certificate if name on any document is different from legal name.

**Required identification - one primary and one secondary.**

Identification presented to the Notary Public must be the **original** document issued by the government agency. Photocopies are acceptable only if certified by the issuing government agency to be true copies of the original.



Please check off document type and provide document number

PRIMARY		SECONDARY	
Document type	Document number	Document type	Document number
<input type="checkbox"/> Birth certificate		<input type="checkbox"/> Passport	
<input type="checkbox"/> Canadian citizen card		<input type="checkbox"/> Valid Canadian driver's license	
<input type="checkbox"/> Canadian identity card		<input type="checkbox"/> British Columbia identification card	
		<input type="checkbox"/> Naturalization certificate	
		<input type="checkbox"/> Canadian Forces identification	

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant signature

**NOTARY PUBLIC CERTIFICATION**

I hereby verify that the person shown in the photograph affixed on this page is the same person:

- Whose name appears as the Applicant.
- Whose identity has been proven to my satisfaction through presentation of the identification indicated.
- Whose signature on this document was signed in my presence.

\_\_\_\_\_ Date

\_\_\_\_\_ Notary signature

Notary name \_\_\_\_\_

Address \_\_\_\_\_

Tel \_\_\_\_\_

**SEAL**



**APPLICATION FOR PRE-REGISTRATION****STUDENT PHARMACIST (NON UBC) REGISTRATION****Statutory Declaration (Form 5)**

**PROVINCE OF BRITISH COLUMBIA, CANADA, IN THE MATTER OF  
AN APPLICATION FOR REGISTRATION  
WITH THE COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA**

I, \_\_\_\_\_ declare that (check the appropriate boxes) :

1. I have not been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act, would constitute unprofessional conduct or conduct unbecoming of a person registered under these bylaws.
2. My entitlement to practise pharmacy or any other health profession has not been limited, restricted or subject to any terms, limits or conditions or disciplinary action in any jurisdiction at any time.
3. At the present time, no investigation, review or proceeding is taking place in any jurisdiction which could result in the suspension or cancellation of my authorization to practise pharmacy or any other health profession.
4. My past conduct does not demonstrate any pattern of incompetence or untrustworthiness, which would make registration contrary to the public interest.
5. I am a person of good character.
6. I am aware of, practice, and will practice at all times in compliance with the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act of British Columbia, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
7. I shall provide the Registrar with the details of any of the following that relate to me or that occur or arise prior, during, or after my registration with the College of Pharmacists of BC.
- a charge relating to an offence under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs, or relating to any criminal offence;
  - a finding of guilt in relation to an offence under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs or in relation to any criminal offence;
  - a finding of professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession;
  - a proceeding for professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession.

On a separate sheet of paper, provide details if any of the above is not true (i.e. if any of the above boxes is not checked off). Details to include:

- a. Criminal offence/Disciplinary action/Investigation
- b. Date when offence was committed/Applicable health profession/Applicable jurisdiction
- c. Disposition of charge including details of penalty-imposed
- d. Extenuating circumstances you wish taken into account for your application.

I declare the facts set out herein to be true.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant signature



APPLICATION FOR PRE-REGISTRATION
STUDENT PHARMACIST (NON UBC) REGISTRATION

Criminal Record Check Authorization

APPLICANT INFORMATION

Legal name Last name (Surname) First name Other name(s)

Mailing address Street City/town Province/State Postal Code

Country Contact phone Area code

Gender Male Female B.C. Driver License

Birth date YYYY-MM-DD Birthplace City/town Province/State Country

Other names used or have used (e.g. maiden name, birth name, previous married name)

- 1. Surname First name Middle name
2. Surname First name Middle name
3. Surname First name Middle name

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA)

The information requested on this form is collected under the authority of the Criminal Records Review Act and in the case of child care facilities, the Community Care Facility Act, and the regulations which govern both these acts.

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS

Pursuant to the B.C. Criminal Records Review Act

- I hereby consent to a check for records of criminal convictions to determine whether I have a conviction or outstanding charge for any relevant offences under the Criminal Records Review Act.
I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the court and crown counsel relating to an outstanding charge or conviction of any relevant offence as defined under the Criminal Records Review Act
Where the results of this check indicate that a criminal record or outstanding charge for a relevant offence may exist, I agree to provide my fingerprints to verify any such criminal record.
The Deputy Registrar will notify me and my organization that I have an outstanding charge or conviction for any relevant offence(s) and the matter has been referred to the Deputy Registrar.
The Deputy Registrar will determine whether or not I present a risk to physical or sexual abuse to children.
The Deputy Registrar's determination will be disclosed to my organization and it will include consideration of any relevant offence for which I have received a pardon.
If I am charged with or convicted of a relevant offence at any time subsequent to the criminal record check authorized herein, I further agree to report the charge or conviction to my organization and provide my organization, in a timely manner, with a new-signed Consent to a Criminal Record Check form.

"Deputy Registrar" means a person appointed under the Public Service Act as deputy registrar for the purposes of this Act.

I attest that (please check the box(es) below):

- I have read and understood the Consent for Release of Information and Acknowledgements above. I hereby consent to these terms as indicated by my signature below.
I hereby authorize the College of Pharmacists of British Columbia to conduct criminal record checks on an ongoing basis every five years. I understand that I may withdraw this consent for future criminal record checks.

Date

Applicant signature



**APPLICATION FOR  
PHARMACY TECHNICIAN REGISTRATION**

**APPLICANT INFORMATION**

- Ms     Mrs     Miss     Mr     Dr

Name \_\_\_\_\_  
Last name (Surname)                      First name                      Other name(s)

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Tel (home) \_\_\_\_\_  
 Tel (work) \_\_\_\_\_  
 Email \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_  
 Postal code \_\_\_\_\_ Country \_\_\_\_\_

**PAYMENT OPTION**

Cheque/Money order    (payable to College of Pharmacists of BC)

VISA             MasterCard

Card # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_

Cardholder name \_\_\_\_\_

Cardholder signature \_\_\_\_\_

Registration fee	420.00
TAX	<u>50.40</u>
<b>Total</b>	<b><u>\$470.40</u></b>
HST # R106953920	

**All fees are non-refundable and subject to HST.**

**DECLARATION**

I attest that I am in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.

I have professional liability insurance that meets the following criteria *(please check the box(es) below)*:

- Provides a minimum of \$2 million coverage.
- Provides occurrence based coverage or claims made with extended reporting period of at least 3 years.
- Insurance covers the registrant through an individual or group policy.

I have signed and attached *(please check the box(es) below)*:

- Statutory Declaration (use form on page 2).
- Registrant Confidentiality Undertaking (use form on page 3).

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant signature



**APPLICATION FOR  
PHARMACY TECHNICIAN REGISTRATION**

Statutory Declaration (Form 5)

*PROVINCE OF BRITISH COLUMBIA, CANADA, IN THE MATTER OF  
AN APPLICATION FOR REGISTRATION  
WITH THE COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA*

I, \_\_\_\_\_ declare that (check the appropriate boxes) :

- 1. I have not been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act, would constitute unprofessional conduct or conduct unbecoming of a person registered under these bylaws.
- 2. My entitlement to practise pharmacy or any other health profession has not been limited, restricted or subject to any terms, limits or conditions or disciplinary action in any jurisdiction at any time.
- 3. At the present time, no investigation, review or proceeding is taking place in any jurisdiction which could result in the suspension or cancellation of my authorization to practise pharmacy or any other health profession.
- 4. My past conduct does not demonstrate any pattern of incompetence or untrustworthiness, which would make registration contrary to the public interest.
- 5. I am a person of good character.
- 6. I am aware of, practice, and will practice at all times in compliance with the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act of British Columbia, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
- 7. I shall provide the Registrar with the details of any of the following that relate to me or that occur or arise prior, during, or after my registration with the College of Pharmacists of BC.
  - a charge relating to an offence under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs, or relating to any criminal offense;
  - a finding of guilt in relation to an offence under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs or in relation to any criminal offense;
  - a finding of professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession;
  - a proceeding for professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession.

*On a separate sheet of paper, provide details if any of the above is not true (i.e. if any of the above boxes is not checked off). Details to include:*

- a. Criminal offence/Disciplinary action/Investigation
- b. Date when offence was committed/Applicable health profession/Applicable jurisdiction
- c. Disposition of charge including details of penalty-imposed
- d. Extenuating circumstances you wish taken into account for your application.

I declare the facts set out herein to be true.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant signature



**APPLICATION FOR  
PHARMACY TECHNICIAN REGISTRATION**

Form 7A

Page 3 of 3

**Registrant Confidentiality Undertaking**

I agree to access the **PharmaNet** clinical and patient database through the in-pharmacy computer system, on the following terms and conditions:

- I will not access or use any clinical or patient information in the PharmaNet database or the in-Pharmacy computer system for any purpose other than those authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.
- I agree at all times to treat as confidential all information referred to in paragraph (1) and will not participate in or permit, the unauthorized release, publication or disclosure of the said information to any person, corporation or other entity under any circumstances except as authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.
- I agree at all times, to treat as confidential all information relating to the security and management of the PharmaNet database and the in-pharmacy computer system.
- I agree to be bound by the provisions of this agreement and will continue to do so following termination of employment in the pharmacy for any reason.
- I agree to adhere to all policies and procedures issued by the pharmacy manager and/or the pharmacy owner, consistent with legislation, policies, procedures and standards issued by the College of Pharmacists of British Columbia or the Province of British Columbia, related to the confidentiality, privacy and security of the patient or clinical information contained in the PharmaNet database and the in-pharmacy computer database.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant signature

**Note:**

1. *Attach original with application for registration.*
2. *Make a copy for the pharmacy manager - to be retained in the pharmacy files.*



# APPLICATION FOR TEMPORARY PHARMACIST REGISTRATION

**APPLICANT INFORMATION**

Ms    Mrs    Miss    Mr    Dr

Name \_\_\_\_\_  
Last name (Surname)                      First name                      Other name(s)

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
City    Province

\_\_\_\_\_ Postal code                      \_\_\_\_\_ Country

Tel (home) \_\_\_\_\_  
 Tel (work) \_\_\_\_\_  
 Email \_\_\_\_\_

**PAYMENT OPTION**

Cheque/Money order    (payable to College of Pharmacists of BC)

VISA                       MasterCard

Card # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_

Cardholder name \_\_\_\_\_

Cardholder signature \_\_\_\_\_

Registration fee	177.50
HST	<u>21.30</u>
<b>Total</b>	<b><u>\$198.80</u></b>
<small>HST # R106953920</small>	

I attest that I am in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.

I have professional liability insurance that meets the following criteria:

- Provides a minimum of \$2 million coverage.
- Provides occurrence based coverage or claims made with extended reporting period of at least 3 years.
- If not in the pharmacists' name, the group policy covers the pharmacist as an individual.

I have signed and attached:

- Statutory Declaration    (use form on page 2).
- Criminal Record Check    (use form on page 3).
- Registrant Confidentiality Agreement    (use form on page 4).

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant signature



**APPLICATION FOR**  
**TEMPORARY PHARMACIST REGISTRATION**

Form 4D

Page 2 of 4

Statutory Declaration (Form 5)

*PROVINCE OF BRITISH COLUMBIA, CANADA, IN THE MATTER OF  
AN APPLICATION FOR REGISTRATION  
WITH THE COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA*

I, \_\_\_\_\_ declare that (check the appropriate boxes) :

- 1. I have not been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act, would constitute unprofessional conduct or conduct unbecoming of a person registered under these bylaws.
- 2. My entitlement to practise pharmacy or any other health profession has not been limited, restricted or subject to any terms, limits or conditions or disciplinary action in any jurisdiction at any time.
- 3. At the present time, no investigation, review or proceeding is taking place in any jurisdiction which could result in the suspension or cancellation of my authorization to practise pharmacy or any other health profession.
- 4. My past conduct does not demonstrate any pattern of incompetence or untrustworthiness, which would make registration contrary to the public interest.
- 5. I am a person of good character.
- 6. I am aware of, practice, and will practice at all times in compliance with the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act of British Columbia, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
- 7. I shall provide the Registrar with the details of any of the following that relate to me or that occur or arise prior, during, or after my registration with the College of Pharmacists of BC.
  - a charge relating to an offense under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs, or relating to any criminal offense;
  - a finding of guilt in relation to an offense under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs or in relation to any criminal offense;
  - a finding of professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession;
  - a proceeding for professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession.

*On a separate sheet of paper, provide details if any of the above is not true (i.e. if any of the above boxes is not checked off). Details to include:*

- a. Criminal offence/Disciplinary action/Investigation*
- b. Date when offence was committed/Applicable health profession/Applicable jurisdiction*
- c. Disposition of charge including details of penalty-imposed*
- d. Extenuating circumstances you wish taken into account for your application.*

I declare the facts set out herein to be true.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant signature



# APPLICATION FOR TEMPORARY PHARMACIST REGISTRATION

## Criminal Record Check Authorization

### APPLICANT INFORMATION

Legal name \_\_\_\_\_  
*Last name (Surname) First name Other name(s)*

Mailing address \_\_\_\_\_  
*Street City/town Province/State Postal Code*

\_\_\_\_\_ **Contact phone** \_\_\_\_\_  
*Country Area code*

Gender  Male  Female B.C. Driver License \_\_\_\_\_

Birth date \_\_\_\_\_ Birthplace \_\_\_\_\_  
*YYYY-MM-DD City/town Province/State Country*

Other names used or have used (e.g. maiden name, birth name, previous married name)

1. \_\_\_\_\_  
*Surname First name Middle name*

2. \_\_\_\_\_  
*Surname First name Middle name*

3. \_\_\_\_\_  
*Surname First name Middle name*

### FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA)

The information requested on this form is collected under the authority of the Criminal Records Review Act and in the case of child care facilities, the Community Care Facility Act, and the regulations which govern both these acts. The information provided will be used to fulfill the requirements of the Criminal Records Review Act for the release of criminal records information and is in compliance with the FOIPPA.

### CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS

#### Pursuant to the B.C. Criminal Records Review Act

- I hereby consent to a check for records of criminal convictions to determine whether I have a conviction or outstanding charge for any relevant offences under the Criminal Records Review Act.
- I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the court and crown counsel relating to an outstanding charge or conviction of any relevant offence as defined under the Criminal Records Review Act
- Where the results of this check indicate that a criminal record or outstanding charge for a relevant offence may exist, I agree to provide my fingerprints to verify any such criminal record.
- The Deputy Registrar will notify me and my organization that I have an outstanding charge or conviction for any relevant offence(s) and the matter has been referred to the Deputy Registrar.
- The Deputy Registrar will determine whether or not I present a risk to physical or sexual abuse to children.
- The Deputy Registrar's determination will be disclosed to my organization and it will include consideration of any relevant offence for which I have received a pardon.
- If I am charged with or convicted of a relevant offence at any time subsequent to the criminal record check authorized herein, I further agree to report the charge or conviction to my organization and provide my organization, in a timely manner, with a new-signed Consent to a Criminal Record Check form.

*"Deputy Registrar" means a person appointed under the Public Service Act as deputy registrar for the purposes of this Act.*

I attest that (please check the box(es) below):

I have read and understood the Consent for Release of Information and Acknowledgements above. I hereby consent to these terms as indicated by my signature below.

I hereby authorize the College of Pharmacists of British Columbia to conduct criminal record checks on an ongoing basis every five years. I understand that I may withdraw this consent for future criminal record checks.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant signature





**APPLICATION FOR**  
**TEMPORARY PHARMACIST REGISTRATION**

Registrant Confidentiality Undertaking

I agree to access the **PharmaNet** clinical and patient database through the in-pharmacy computer system, on the following terms and conditions:

- I will not access or use any clinical or patient information in the PharmaNet database or the in-Pharmacy computer system for any purpose other than those authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.
- I agree at all times to treat as confidential all information referred to in paragraph (1) and will not participate in or permit, the unauthorized release, publication or disclosure of the said information to any person, corporation or other entity under any circumstances except as authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.
- I agree at all times, to treat as confidential all information relating to the security and management of the PharmaNet database and the in-pharmacy computer system.
- I agree to be bound by the provisions of this agreement and will continue to do so following termination of employment in the pharmacy for any reason.
- I agree to adhere to all policies and procedures issued by the pharmacy manager and/or the pharmacy owner, consistent with legislation, policies, procedures and standards issued by the College of Pharmacists of British Columbia or the Province of British Columbia, related to the confidentiality, privacy and security of the patient or clinical information contained in the PharmaNet database and the in-pharmacy computer database.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant signature

**Note:**

1. *Attach original with application for registration.*
2. *Make a copy for your own files.*



# APPLICATION FOR TEMPORARY PHARMACY TECHNICIAN REGISTRATION

## APPLICANT INFORMATION

Ms      Mrs      Miss      Mr      Dr

Name \_\_\_\_\_  
*Last name (Surname)*                      *First name*                      *Other name(s)*

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Tel (home) \_\_\_\_\_  
 Tel (work) \_\_\_\_\_  
 Email \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_  
 Postal code \_\_\_\_\_ Country \_\_\_\_\_

## PAYMENT OPTION

Cheque/Money order      *(payable to College of Pharmacists of BC)*

VISA               MasterCard

Card # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_

Cardholder name \_\_\_\_\_

Cardholder signature \_\_\_\_\_

Registration fee*	125.00
HST	<u>15.00</u>
<b>Total</b>	<b><u>\$140.00</u></b>
HST # R106953920	

\* Includes criminal record check

I attest that I am in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.

I have professional liability insurance that meets the following criteria:

- Provides a minimum of \$2 million coverage.
- Provides occurrence based coverage or claims made with extended reporting period of at least 3 years.
- Insurance covers the registrant through an individual or group policy.

I have signed and attached (please check the box(es) below):

- Statutory Declaration *(use form on page 2).*
- Criminal Record Check *(use form on page 3).*
- Registrant Confidentiality Undertaking *(use form on page 4).*

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant signature



**APPLICATION FOR  
TEMPORARY PHARMACY TECHNICIAN REGISTRATION**

Statutory Declaration (Form 5)

*PROVINCE OF BRITISH COLUMBIA, CANADA, IN THE MATTER OF  
AN APPLICATION FOR REGISTRATION  
WITH THE COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA*

I, \_\_\_\_\_ declare that (*check the appropriate boxes*) :

1. I have not been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act, would constitute unprofessional conduct or conduct unbecoming of a person registered under these bylaws.
2. My entitlement to practise pharmacy or any other health profession has not been limited, restricted or subject to any terms, limits or conditions or disciplinary action in any jurisdiction at any time.
3. At the present time, no investigation, review or proceeding is taking place in any jurisdiction which could result in the suspension or cancellation of my authorization to practise pharmacy or any other health profession.
4. My past conduct does not demonstrate any pattern of incompetence or untrustworthiness, which would make registration contrary to the public interest.
5. I am a person of good character.
6. I am aware of, practice, and will practice at all times in compliance with the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act of British Columbia, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
7. I shall provide the Registrar with the details of any of the following that relate to me or that occur or arise prior, during, or after my registration with the College of Pharmacists of BC.

*a charge relating to an offense under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs, or relating to any criminal offense;  
a finding of guilt in relation to an offense under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs or in relation to any criminal offense;  
a finding of professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession;  
a proceeding for professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession.*

*On a separate sheet of paper, provide details if any of the above is not true (i.e. if any of the above boxes is not checked off). Details to include:*

- a. Criminal offence/Disciplinary action/Investigation*
- b. Date when offence was committed/Applicable health profession/Applicable jurisdiction*
- c. Disposition of charge including details of penalty-imposed*
- d. Extenuating circumstances you wish taken into account for your application.*

I declare the facts set out herein to be true.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant signature



# APPLICATION FOR TEMPORARY PHARMACY TECHNICIAN REGISTRATION

## Criminal Record Check Authorization

### APPLICANT INFORMATION

Legal name \_\_\_\_\_  
Last name (Surname)First nameOther name(s)

Mailing address \_\_\_\_\_  
StreetCity/townProvince/StatePostal Code

\_\_\_\_\_ Contact phone \_\_\_\_\_  
CountryArea code

Gender     Male     Female    B.C. Driver License \_\_\_\_\_

Birth date \_\_\_\_\_ Birthplace \_\_\_\_\_  
YYYY-MM-DDCity/townProvince/StateCountry

Other names used or have used (e.g. maiden name, birth name, previous married name)

1. \_\_\_\_\_  
SurnameFirst nameMiddle name

2. \_\_\_\_\_  
SurnameFirst nameMiddle name

3. \_\_\_\_\_  
SurnameFirst nameMiddle name

### FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA)

The information requested on this form is collected under the authority of the Criminal Records Review Act and in the case of child care facilities, the Community Care Facility Act, and the regulations which govern both these acts. The information provided will be used to fulfill the requirements of the Criminal Records Review Act for the release of criminal records information and is in compliance with the FOIPPA.

### CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS

#### Pursuant to the B.C. Criminal Records Review Act

- I hereby consent to a check for records of criminal convictions to determine whether I have a conviction or outstanding charge for any relevant offences under the Criminal Records Review Act.
- I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the court and crown counsel relating to an outstanding charge or conviction of any relevant offence as defined under the Criminal Records Review Act
- Where the results of this check indicate that a criminal record or outstanding charge for a relevant offence may exist, I agree to provide my fingerprints to verify any such criminal record.
- The Deputy Registrar will notify me and my organization that I have an outstanding charge or conviction for any relevant offence(s) and the matter has been referred to the Deputy Registrar.
- The Deputy Registrar will determine whether or not I present a risk to physical or sexual abuse to children.
- The Deputy Registrar's determination will be disclosed to my organization and it will include consideration of any relevant offence for which I have received a pardon.
- If I am charged with or convicted of a relevant offence at any time subsequent to the criminal record check authorized herein, I further agree to report the charge or conviction to my organization and provide my organization, in a timely manner, with a new-signed Consent to a Criminal Record Check form.

*"Deputy Registrar" means a person appointed under the Public Service Act as deputy registrar for the purposes of this Act.*

I attest that (please check the box(es) below):

- I have read and understood the Consent for Release of Information and Acknowledgements above. I hereby consent to these terms as indicated by my signature below.
- I hereby authorize the College of Pharmacists of British Columbia to conduct criminal record checks on an ongoing basis every five years. I understand that I may withdraw this consent for future criminal record checks.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant signature



**APPLICATION FOR**  
**TEMPORARY PHARMACY TECHNICIAN REGISTRATION**

Form 7B

Page 4 of 4

Registrant Confidentiality Undertaking

I agree to access the **PharmaNet** clinical and patient database through the in-pharmacy computer system, on the following terms and conditions:

- I will not access or use any clinical or patient information in the PharmaNet database or the in-Pharmacy computer system for any purpose other than those authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.
- I agree at all times to treat as confidential all information referred to in paragraph (1) and will not participate in or permit, the unauthorized release, publication or disclosure of the said information to any person, corporation or other entity under any circumstances except as authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.
- I agree at all times, to treat as confidential all information relating to the security and management of the PharmaNet database and the in-pharmacy computer system.
- I agree to be bound by the provisions of this agreement and will continue to do so following termination of employment in the pharmacy for any reason.
- I agree to adhere to all policies and procedures issued by the pharmacy manager and/or the pharmacy owner, consistent with legislation, policies, procedures and standards issued by the College of Pharmacists of British Columbia or the Province of British Columbia, related to the confidentiality, privacy and security of the patient or clinical information contained in the PharmaNet database and the in-pharmacy computer database.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

**Note:**

1. *Attach original with application for registration.*
2. *Make a copy for your own files.*



**APPLICATION FOR PRE-REGISTRATION**  
CURRENT PHARMACY ASSISTANT (PRE-2015)

Form 7C-1

Page 1 of 8

Please submit this application to the College of Pharmacists of BC

## CHECKLIST

### You must submit

1.  Checklist (page 1).
2.  Application form (page 2).
3.  Copy of birth certificate or Canadian citizenship card (both sides).
4.  Evidence of English Language Proficiency (ELP).  
(Copy of transcript or diploma that confirms graduation from a secondary school, university, community college, private vocational program or equivalent in Canada or the continental U.S. or a NAPRA recognized ELP assessment for pharmacy technicians.)
5.  Notarized identification (use form on page 3).  
(Copy of primary and secondary ID (both sides.))
6.  Statutory declaration (use form on page 4).
7.  Criminal record check authorization (use form on page 5).
8.  Employment certification (use form on page 6).  
(Not required if PEBC letter confirming completion of PEBC Evaluating Exam is provided.)
9.  Registrant Confidentiality Undertaking (use form on page 8).

### You must submit IF APPLICABLE

10.  Copy of name change or marriage certificate - if name on any document is different from legal name.
11.  Evidence of your authorization to work in Canada - if you are not a Canadian citizen or a permanent resident. Acceptable documents: Canadian citizenship card, Canadian passport, permanent resident card, social insurance card, or work permit.
12.  A letter/certificate of standing from **each** previous and current regulatory body - if you have engaged in the practice of pharmacy or another health profession in another jurisdiction. Letter/certificate must be dated within three months prior to the date of the application and must be mailed to the college office directly from the regulatory bodies.
13.  Copy of PEBC letter confirming completion of PEBC Evaluating Exam.
14.  Copy of pharmacy technician certificate from PTCB-AB or OCP (up to 2008).
15.  Copy of university degree from an accredited pharmacist degree program in Canada or in the continental United States.
16.  Documents in a language other than English must be translated by a government official or an official translator.

Photocopy both sides of documents where applicable.



# APPLICATION FOR PRE-REGISTRATION CURRENT PHARMACY ASSISTANT (PRE-2015)

## Application Form

### CONTACT INFORMATION

Ms     Mrs     Miss     Mr     Dr

Legal name \_\_\_\_\_  
*Last name (Surname)                      First name                      Other name(s)*

Home Address \_\_\_\_\_ Tel (home) \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_

\_\_\_\_\_ Postal code \_\_\_\_\_ Country \_\_\_\_\_

Work Address \_\_\_\_\_ PharmaCare Code \_\_\_\_\_

\_\_\_\_\_ Pharmacy Name \_\_\_\_\_

\_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ Tel (work) \_\_\_\_\_

### OTHER INFORMATION

1) Education Program/Country \_\_\_\_\_

Certification/Year \_\_\_\_\_

2) Birth date YYYY-MM-DD \_\_\_\_\_ YES NO

3) Is this the first time you have applied for pre-registration with the College of Pharmacists of BC?  YES  NO

### PAYMENT OPTION

Cheque/Money order (payable to College of Pharmacists of BC)

VISA     MasterCard

Card # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_

Cardholder name \_\_\_\_\_

Cardholder signature \_\_\_\_\_

Application fee *	230.00
TAX	27.60
<b>Total</b>	<b>\$257.60</b>
HST # R106953920	

\* Includes criminal record check

All fees are non-refundable and subject to HST.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant signature



**APPLICATION FOR PRE-REGISTRATION**  
CURRENT PHARMACY ASSISTANT (PRE-2015)

Notarized Identification

**APPLICANT INFORMATION**

Applicant name \_\_\_\_\_



**Required Documents**

Passport photograph, taken within one year, affixed to space provided.

Copy of name change or marriage certificate if name on any document is different from legal name.

**Required identification - one primary and one secondary.**

Identification presented to the Notary Public must be the **original** document issued by the government agency. Photocopies are acceptable only if certified by the issuing government agency to be true copies of the original.

*Please check off document type and provide document number*

PRIMARY		SECONDARY	
Document type	Document number	Document type	Document number
<input type="checkbox"/> Birth certificate		<input type="checkbox"/> Passport	
<input type="checkbox"/> Canadian citizen card		<input type="checkbox"/> Valid Canadian driver's license	
<input type="checkbox"/> Canadian identity card		<input type="checkbox"/> British Columbia identification card	
		<input type="checkbox"/> Naturalization certificate	
		<input type="checkbox"/> Canadian Forces identification	

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant signature

**NOTARY PUBLIC CERTIFICATION**

I hereby verify that the person shown in the photograph affixed on this page is the same person:

- Whose name appears as the Applicant.
- Whose identity has been proven to my satisfaction through presentation of the identification indicated.
- Whose signature on this document was signed in my presence.

\_\_\_\_\_ Date

\_\_\_\_\_ Notary signature

Notary name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Tel \_\_\_\_\_

**SEAL**





**APPLICATION FOR PRE-REGISTRATION**  
**CURRENT PHARMACY ASSISTANT (PRE-2015)**

Statutory Declaration (Form 5)

*PROVINCE OF BRITISH COLUMBIA, CANADA, IN THE MATTER OF  
AN APPLICATION FOR REGISTRATION  
WITH THE COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA*

I, \_\_\_\_\_ declare that (*check the appropriate boxes*) :

1. I have not been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act, would constitute unprofessional conduct or conduct unbecoming of a person registered under these bylaws.
2. My entitlement to practise pharmacy or any other health profession has not been limited, restricted or subject to any terms, limits or conditions or disciplinary action in any jurisdiction at any time.
3. At the present time, no investigation, review or proceeding is taking place in any jurisdiction which could result in the suspension or cancellation of my authorization to practise pharmacy or any other health profession.
4. My past conduct does not demonstrate any pattern of incompetence or untrustworthiness, which would make registration contrary to the public interest.
5. I am a person of good character.
6. I am aware of, practice, and will practice at all times in compliance with the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act of British Columbia, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
7. I shall provide the Registrar with the details of any of the following that relate to me or that occur or arise prior, during, or after my registration with the College of Pharmacists of BC.
- a charge relating to an offence under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs, or relating to any criminal offense;
  - a finding of guilt in relation to an offence under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs or in relation to any criminal offense;
  - a finding of professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession;
  - a proceeding for professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession.

*On a separate sheet of paper, provide details if any of the above is not true (i.e. if any of the above boxes is not checked off). Details to include:*

- Criminal offence/Disciplinary action/Investigation*
- Date when offence was committed/Applicable health profession/Applicable jurisdiction*
- Disposition of charge including details of penalty-imposed*
- Extenuating circumstances you wish taken into account for your application.*

I declare the facts set out herein to be true.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant signature



# APPLICATION FOR PRE-REGISTRATION CURRENT PHARMACY ASSISTANT (PRE-2015)

## Criminal Record Check Authorization

### APPLICANT INFORMATION

Legal name \_\_\_\_\_  
*Last name (Surname) First name Other name(s)*

Mailing address \_\_\_\_\_  
*Street City/town Province/State Postal Code*

\_\_\_\_\_ **Contact phone** \_\_\_\_\_  
*Country Area code*

Gender  Male  Female B.C. Driver License \_\_\_\_\_

Birth date \_\_\_\_\_ Birthplace \_\_\_\_\_  
*YYYY-MM-DD City/town Province/State Country*

Other names used or have used (e.g. maiden name, birth name, previous married name)

1. \_\_\_\_\_  
*Surname First name Middle name*

2. \_\_\_\_\_  
*Surname First name Middle name*

3. \_\_\_\_\_  
*Surname First name Middle name*

### FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA)

The information requested on this form is collected under the authority of the Criminal Records Review Act and in the case of child care facilities, the Community Care Facility Act, and the regulations which govern both these acts. The information provided will be used to fulfill the requirements of the Criminal Records Review Act for the release of criminal records information and is in compliance with the FOIPPA.

### CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS

#### Pursuant to the B.C. Criminal Records Review Act

- I hereby consent to a check for records of criminal convictions to determine whether I have a conviction or outstanding charge for any relevant offences under the Criminal Records Review Act.
- I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the court and crown counsel relating to an outstanding charge or conviction of any relevant offence as defined under the Criminal Records Review Act
- Where the results of this check indicate that a criminal record or outstanding charge for a relevant offence may exist, I agree to provide my fingerprints to verify any such criminal record.
- The Deputy Registrar will notify me and my organization that I have an outstanding charge or conviction for any relevant offence(s) and the matter has been referred to the Deputy Registrar.
- The Deputy Registrar will determine whether or not I present a risk to physical or sexual abuse to children.
- The Deputy Registrar's determination will be disclosed to my organization and it will include consideration of any relevant offence for which I have received a pardon.
- If I am charged with or convicted of a relevant offence at any time subsequent to the criminal record check authorized herein, I further agree to report the charge or conviction to my organization and provide my organization, in a timely manner, with a new-signed Consent to a Criminal Record Check form.

"Deputy Registrar" means a person appointed under the Public Service Act as deputy registrar for the purposes of this Act.

### I attest that (please check the box(es) below):

- I have read and understood the Consent for Release of Information and Acknowledgements above. I hereby consent to these terms as indicated by my signature below.
- I hereby authorize the College of Pharmacists of British Columbia to conduct criminal record checks on an ongoing basis every five years. I understand that I may withdraw this consent for future criminal record checks.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant signature



**APPLICATION FOR PRE-REGISTRATION**  
CURRENT PHARMACY ASSISTANT (PRE-2015)

Employment Certification

**STATEMENT OF COMPLETION OF REQUIRED HOURS OF WORK**

This is to certify that I, \_\_\_\_\_, **PRINT** applicant name

have completed 2,000 hours of work in the past 36 months in Canada, as cited below, in the field of pharmacy and in compliance with the requirements of The Pharmacy Examining Board of Canada (refer to Appendix) "Criteria for Field of Pharmacy".

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

Date \_\_\_\_\_

Pharmacy Name, Address and Telephone Number	Job Title of Applicant	Date Started & Hours Worked in 36 Months	*Supervising Pharmacist Name (please print) & Registration #	*Signature of Supervising Pharmacist and Date
Name: _____ Address: _____ Tel: _____	<input type="checkbox"/> Pharmacy Assistant/ Technician <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (please specify): _____	Date Started: _____ (month/year) Hours/36months: _____	Name: _____ Reg #: _____	Signature: _____ Date: _____
Name: _____ Address: _____ Tel: _____	<input type="checkbox"/> Pharmacy Assistant/ Technician <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (please specify): _____	Date Started: _____ (month/year) Hours/36months: _____	Name: _____ Reg #: _____	Signature: _____ Date: _____
Name: _____ Address: _____ Tel: _____	<input type="checkbox"/> Pharmacy Assistant/ Technician <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (please specify): _____	Date Started: _____ (month/year) Hours/36months: _____	Name: _____ Reg #: _____	Signature: _____ Date: _____
Name: _____ Address: _____ Tel: _____	<input type="checkbox"/> Pharmacy Assistant/ Technician <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (please specify): _____	Date Started: _____ (month/year) Hours/36months: _____	Name: _____ Reg #: _____	Signature: _____ Date: _____
Name: _____ Address: _____ Tel: _____	<input type="checkbox"/> Pharmacy Assistant/ Technician <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (please specify): _____	Date Started: _____ (month/year) Hours/36months: _____	Name: _____ Reg #: _____	Signature: _____ Date: _____

**\*Statement of Declaration and Verification** (to be signed for in the above table by pharmacist(s) supervising this applicant for the work hours cited):

I hereby certify that while working under my supervision, the applicant was working in a setting consistent with some or all of the activities outlined in the Appendix "Criteria for Field of Pharmacy". I also hereby certify that the information completed above is true and that I have been in direct supervision of this applicant. As such, I have printed and signed my name as a Statement of Declaration and Verification in the above table adjacent to the applicant's specified hours for those specified hours while he/she was under my supervision.



Employment Certification

**APPENDIX: CRITERIA FOR FIELD OF PHARMACY**

The field of pharmacy includes practice where some of the following tasks are performed:

**PRESCRIPTION AND PATIENT INFORMATION PROCESSING**

- Creating and maintaining patient records
- Receiving and transferring prescriptions or requests for prescription refills, including assessing prescriptions for clarity, completeness, authenticity and legal requirements
- Preparing products for release and/or distribution, including:
  - Product selection
  - Retrieving, counting, pouring, weighing, measuring, compounding and reconstituting sterile and non-sterile products
  - Packaging products to maintain integrity, including selecting type of prescription container, pre-packaging medications and affixing prescription and auxiliary labels
- Releasing and distributing products in a manner that ensures patient safety

**COMMUNICATION AND EDUCATION**

- Communicating with patients, patients' agents, pharmacists, other pharmacy technicians and other members of the health care team, and educating, where appropriate, in order to promote and support optimal patient care and well-being

**MANAGEMENT**

- Managing operations, administrative activities, and financial elements associated with the processing of prescriptions

**OTHER RELATED PHARMACY SERVICES**

- Generating patient care data (i.e. medication administration record, medication review)
- Managing systems for drug distribution and inventory control to ensure patient safety and the safety, accuracy, quality, integrity and timeliness of the products, including:
  - Determining and maintaining inventory requirements
  - Auditing inventory and documenting discrepancies for narcotic, controlled, and targeted-controlled substances
- Maintaining drug information files
- Maintaining packaging and dispensing equipment and storage facilities
- Replenishing medications for nursing units, night cupboards, emergency boxes and cardiac arrest kits

**PROFESSIONAL COLLABORATION AND TEAMWORK**

- Working in collaborative relationships within health care teams to optimize patient safety and improve health outcomes

**QUALITY ASSURANCE**

- Collaborating in developing, implementing and evaluating quality assurance and risk management policies, procedures, and activities related to the safe use of medications and the safety and integrity of pharmaceutical products

**Note:**

These criteria are adapted from NAPRA's "Professional Competencies for Canadian Pharmacy Technicians at Entry to Practice".



**APPLICATION FOR PRE-REGISTRATION**  
CURRENT PHARMACY ASSISTANT (PRE-2015)

Form 7C-1

Page 8 of 8

Registrant Confidentiality Undertaking

I agree to access the **PharmaNet** clinical and patient database through the in-pharmacy computer system, on the following terms and conditions:

- I will not access or use any clinical or patient information in the PharmaNet database or the in-Pharmacy computer system for any purpose other than those authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.
- I agree at all times to treat as confidential all information referred to in paragraph (1) and will not participate in or permit, the unauthorized release, publication or disclosure of the said information to any person, corporation or other entity under any circumstances except as authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.
- I agree at all times, to treat as confidential all information relating to the security and management of the PharmaNet database and the in-pharmacy computer system.
- I agree to be bound by the provisions of this agreement and will continue to do so following termination of employment in the pharmacy for any reason.
- I agree to adhere to all policies and procedures issued by the pharmacy manager and/or the pharmacy owner, consistent with legislation, policies, procedures and standards issued by the College of Pharmacists of British Columbia or the Province of British Columbia, related to the confidentiality, privacy and security of the patient or clinical information contained in the PharmaNet database and the in-pharmacy computer database.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

**Note:**

1. *Attach original with application for registration.*
2. *Make a copy for your own files.*



**APPLICATION FOR PRE-REGISTRATION**  
CANADA - NEW PHARMACY TECHNICIAN GRADUATE

Form 7C-2

Page 1 of 6

**Please submit this application to the College of Pharmacists of BC**

## CHECKLIST

### You must submit

1.  Checklist *(page 1)*.
2.  Application form *(page 2)*.
3.  Copy of birth certificate or Canadian citizenship card *(both sides)*.
4.  Copy of CCAPP accredited pharmacy technician program certificate(s).
5.  Notarized identification *(use form on page 3)*.  
*(Copy of primary and secondary ID (both sides))*
6.  Statutory declaration *(use form on page 4)*.
7.  Criminal record check authorization *(use form on page 5)*.
8.  Registrant Confidentiality Undertaking *(use form on page 6)*.

### You must submit IF APPLICABLE

9.  Copy of name change or marriage certificate - if name on any document is different from legal name.
10.  Evidence of your authorization to work in Canada - if you are not a Canadian citizen or a permanent resident. Acceptable documents: Canadian citizenship card, Canadian passport, permanent resident card, social insurance card, or work permit.
11.  A letter/certificate of standing from **each** previous and current regulatory body - if you have engaged in the practice of pharmacy or another health profession in another jurisdiction. Letter/certificate must be dated within three months prior to the date of the application and must be mailed to the college office directly from the regulatory bodies.
12.  Documents in a language other than English must be translated by a government official or an official translator.

**Photocopy both sides of documents where applicable.**



**APPLICATION FOR PRE-REGISTRATION  
CANADA - NEW PHARMACY TECHNICIAN GRADUATE**

Application Form

**CONTACT INFORMATION**

Ms     Mrs     Miss     Mr     Dr

Legal name \_\_\_\_\_  
Last name (Surname)                      First name                      Other name(s)

Home Address \_\_\_\_\_ Tel (home) \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_

\_\_\_\_\_ Postal code \_\_\_\_\_ Country \_\_\_\_\_

Work Address \_\_\_\_\_ PharmaCare Code \_\_\_\_\_

\_\_\_\_\_ Pharmacy Name \_\_\_\_\_

\_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ Tel (work) \_\_\_\_\_

**OTHER INFORMATION**

1) Education    Program/Country \_\_\_\_\_

\_\_\_\_\_ Certification/Year \_\_\_\_\_

2) Birth date    YYYY-MM-DD \_\_\_\_\_ YES    NO

3) Is this the first time you have applied for pre-registration with the College of Pharmacists of BC?       

**PAYMENT OPTION**

Cheque/Money order    (payable to College of Pharmacists of BC)

VISA     MasterCard

Card # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_

Cardholder name \_\_\_\_\_

Cardholder signature \_\_\_\_\_

Application fee *	230.00
TAX	27.60
<b>Total</b>	<b>\$257.60</b>
HST # R106953920	

\* Includes criminal record check

**All fees are non-refundable and subject to HST.**

**DATE AND SIGNATURE**

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant signature



**APPLICATION FOR PRE-REGISTRATION**  
CANADA - NEW PHARMACY TECHNICIAN GRADUATE

Notarized Identification

**APPLICANT INFORMATION**

Applicant name \_\_\_\_\_

**Required Documents**

Passport photograph, taken within one year, affixed to space provided.

Copy of name change or marriage certificate if name on any document is different from legal name.

**Required identification - one primary and one secondary.**

Identification presented to the Notary Public must be the **original** document issued by the government agency. Photocopies are acceptable only if certified by the issuing government agency to be true copies of the original.



*Please check off document type and provide document number*

PRIMARY		SECONDARY	
Document type	Document number	Document type	Document number
<input type="checkbox"/> Birth certificate		<input type="checkbox"/> Passport	
<input type="checkbox"/> Canadian citizen card		<input type="checkbox"/> Valid Canadian driver's license	
<input type="checkbox"/> Canadian identity card		<input type="checkbox"/> British Columbia identification card	
		<input type="checkbox"/> Naturalization certificate	
		<input type="checkbox"/> Canadian Forces identification	

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant signature

**NOTARY PUBLIC CERTIFICATION**

I hereby verify that the person shown in the photograph affixed on this page is the same person:

- Whose name appears as the Applicant.
- Whose identity has been proven to my satisfaction through presentation of the identification indicated.
- Whose signature on this document was signed in my presence.

\_\_\_\_\_ Date

\_\_\_\_\_ Notary signature

Notary name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Tel \_\_\_\_\_

**SEAL**





**APPLICATION FOR PRE-REGISTRATION**  
**CANADA - NEW PHARMACY TECHNICIAN GRADUATE**

Statutory Declaration (Form 5)

*PROVINCE OF BRITISH COLUMBIA, CANADA, IN THE MATTER OF  
AN APPLICATION FOR REGISTRATION  
WITH THE COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA*

I, \_\_\_\_\_ declare that (check the appropriate boxes) :

1. I have not been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act, would constitute unprofessional conduct or conduct unbecoming of a person registered under these bylaws.
2. My entitlement to practise pharmacy or any other health profession has not been limited, restricted or subject to any terms, limits or conditions or disciplinary action in any jurisdiction at any time.
3. At the present time, no investigation, review or proceeding is taking place in any jurisdiction which could result in the suspension or cancellation of my authorization to practise pharmacy or any other health profession.
4. My past conduct does not demonstrate any pattern of incompetence or untrustworthiness, which would make registration contrary to the public interest.
5. I am a person of good character.
6. I am aware of, practice, and will practice at all times in compliance with the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act of British Columbia, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
7. I shall provide the Registrar with the details of any of the following that relate to me or that occur or arise prior, during, or after my registration with the College of Pharmacists of BC.
- a charge relating to an offence under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs, or relating to any criminal offense;
  - a finding of guilt in relation to an offence under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs or in relation to any criminal offense;
  - a finding of professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession;
  - a proceeding for professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession.

*On a separate sheet of paper, provide details if any of the above is not true (i.e. if any of the above boxes is not checked off). Details to include:*

- a. Criminal offence/Disciplinary action/Investigation*
- b. Date when offence was committed/Applicable health profession/Applicable jurisdiction*
- c. Disposition of charge including details of penalty-imposed*
- d. Extenuating circumstances you wish taken into account for your application.*

I declare the facts set out herein to be true.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant signature



**APPLICATION FOR PRE-REGISTRATION**  
CANADA - NEW PHARMACY TECHNICIAN GRADUATE

Criminal Record Check Authorization

**APPLICANT INFORMATION**

Legal name \_\_\_\_\_  
*Last name (Surname) First name Other name(s)*

Mailing address \_\_\_\_\_  
*Street City/town Province/State Postal Code*

\_\_\_\_\_ **Contact phone** \_\_\_\_\_  
*Country Area code*

Gender  Male  Female B.C. Driver License \_\_\_\_\_

Birth date \_\_\_\_\_ Birthplace \_\_\_\_\_  
*YYYY-MM-DD City/town Province/State Country*

Other names used or have used (e.g. maiden name, birth name, previous married name)

1. \_\_\_\_\_  
*Surname First name Middle name*
2. \_\_\_\_\_  
*Surname First name Middle name*
3. \_\_\_\_\_  
*Surname First name Middle name*

**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA)**

The information requested on this form is collected under the authority of the Criminal Records Review Act and in the case of child care facilities, the Community Care Facility Act, and the regulations which govern both these acts. The information provided will be used to fulfill the requirements of the Criminal Records Review Act for the release of criminal records information and is in compliance with the FOIPPA.

**CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS**

**Pursuant to the B.C. Criminal Records Review Act**

- I hereby consent to a check for records of criminal convictions to determine whether I have a conviction or outstanding charge for any relevant offences under the Criminal Records Review Act.
- I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the court and crown counsel relating to an outstanding charge or conviction of any relevant offence as defined under the Criminal Records Review Act.
- Where the results of this check indicate that a criminal record or outstanding charge for a relevant offence may exist, I agree to provide my fingerprints to verify any such criminal record.
- The Deputy Registrar will notify me and my organization that I have an outstanding charge or conviction for any relevant offence(s) and the matter has been referred to the Deputy Registrar.
- The Deputy Registrar will determine whether or not I present a risk to physical or sexual abuse to children.
- The Deputy Registrar's determination will be disclosed to my organization and it will include consideration of any relevant offence for which I have received a pardon.
- If I am charged with or convicted of a relevant offence at any time subsequent to the criminal record check authorized herein, I further agree to report the charge or conviction to my organization and provide my organization, in a timely manner, with a new-signed Consent to a Criminal Record Check form.

*"Deputy Registrar" means a person appointed under the Public Service Act as deputy registrar for the purposes of this Act.*

**I attest that (please check the box(es) below):**

- I have read and understood the Consent for Release of Information and Acknowledgements above. I hereby consent to these terms as indicated by my signature below.
- I hereby authorize the College of Pharmacists of British Columbia to conduct criminal record checks on an ongoing basis every five years. I understand that I may withdraw this consent for future criminal record checks.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant signature



**APPLICATION FOR PRE-REGISTRATION**  
CANADA - NEW PHARMACY TECHNICIAN GRADUATE

Form 7C-2

Page 6 of 6

Registrant Confidentiality Undertaking

I agree to access the **PharmaNet** clinical and patient database through the in-pharmacy computer system, on the following terms and conditions:

- I will not access or use any clinical or patient information in the PharmaNet database or the in-Pharmacy computer system for any purpose other than those authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.
- I agree at all times to treat as confidential all information referred to in paragraph (1) and will not participate in or permit, the unauthorized release, publication or disclosure of the said information to any person, corporation or other entity under any circumstances except as authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.
- I agree at all times, to treat as confidential all information relating to the security and management of the PharmaNet database and the in-pharmacy computer system.
- I agree to be bound by the provisions of this agreement and will continue to do so following termination of employment in the pharmacy for any reason.
- I agree to adhere to all policies and procedures issued by the pharmacy manager and/or the pharmacy owner, consistent with legislation, policies, procedures and standards issued by the College of Pharmacists of British Columbia or the Province of British Columbia, related to the confidentiality, privacy and security of the patient or clinical information contained in the PharmaNet database and the in-pharmacy computer database.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

**Note:**

1. *Attach original with application for registration.*
2. *Make a copy for your own files.*



**APPLICATION FOR PRE-REGISTRATION**  
CANADA - PHARMACY TECHNICIAN AGREEMENT ON INTERNAL TRADE (AIT)

**Please submit this application to the College of Pharmacists of BC**

## CHECKLIST

### You must submit

1.  Checklist *(page 1)*.
2.  Application form *(page 2)*.
3.  Copy of birth certificate or Canadian citizenship card *(both sides)*.
4.  Letter of current standing to be mailed to College office directly from applicant's existing regulatory authorities. Letter must be dated within three months prior to the date of the application.
5.  Notarized identification *(use form on page 3)*.  
*(Copy of primary and secondary ID (both sides))*
6.  Declaration of currency with legislation and practice standards *(use form on page 4)*.
7.  Statutory declaration *(use form on page 5)*.
8.  Criminal record check authorization *(use form on page 6)*.
9.  Copy of PEBC certification.
10.  Registrant Confidentiality Undertaking *(use form on page 7)*.

### You must submit IF APPLICABLE

11.  Copy of CCAPP accredited pharmacy technician program certificate(s).
12.  Copy of name change or marriage certificate - if name on any document is different from legal name.
13.  Evidence of your authorization to work in Canada – if you are not a Canadian citizen or a permanent resident. Acceptable documents: Canadian citizenship card, Canadian passport, permanent resident card, social insurance card, or work permit.
14.  A letter/certificate of standing from **each** regulatory body - if you have engaged in the practice of pharmacy or another health profession in another jurisdiction. Letter/certificate must be dated within three months prior to the date of the application and must be mailed to the college office directly from the regulatory bodies.
15.  Documents in a language other than English must be translated by a government official or an official translator.

**Photocopy both sides of documents where applicable.**



**APPLICATION FOR PRE-REGISTRATION**  
CANADA - PHARMACY TECHNICIAN AGREEMENT ON INTERNAL TRADE (AIT)

Application Form

**CONTACT INFORMATION**

Ms     Mrs     Miss     Mr     Dr

Legal name \_\_\_\_\_  
Last name (Surname)                      First name                      Other name(s)

Home Address \_\_\_\_\_ Tel (home) \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_

\_\_\_\_\_ Postal code \_\_\_\_\_ Country \_\_\_\_\_

Work Address \_\_\_\_\_ PharmaCare Code \_\_\_\_\_

\_\_\_\_\_ Pharmacy Name \_\_\_\_\_

\_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ Tel (work) \_\_\_\_\_

**OTHER INFORMATION**

1) Education    Program/Country \_\_\_\_\_

   Certification/Year \_\_\_\_\_

2) Birth date    YYYY-MM-DD \_\_\_\_\_ YES    NO

3) Is this the first time you have applied for pre-registration with the College of Pharmacists of BC?       

**PAYMENT OPTION**

Cheque/Money order (payable to College of Pharmacists of BC)

VISA     MasterCard

Card # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_

Cardholder name \_\_\_\_\_

Cardholder signature \_\_\_\_\_

Application fee *	230.00
TAX	<u>27.60</u>
<b>Total</b>	<b><u>\$257.60</u></b>
HST # R106953920	

\* Includes criminal record check

**All fees are non-refundable and subject to HST.**

**SIGNATURE AND DATE**

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant signature



# APPLICATION FOR PRE-REGISTRATION

## CANADA - PHARMACY TECHNICIAN AGREEMENT ON INTERNAL TRADE (AIT)

### Notarized Identification

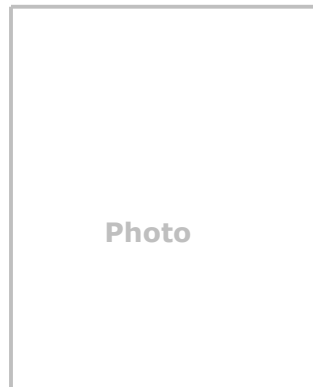
#### APPLICANT INFORMATION

Applicant name \_\_\_\_\_

#### Required Documents

Passport photograph, taken within one year, affixed to space provided.

Copy of name change or marriage certificate if name on any document is different from legal name.



#### Required identification - one primary and one secondary.

Identification presented to the Notary Public must be the **original** document issued by the government agency. Photocopies are acceptable only if certified by the issuing government agency to be true copies of the original.

Please check off document type and provide document number

PRIMARY		SECONDARY	
Document type	Document number	Document type	Document number
<input type="checkbox"/> Birth certificate		<input type="checkbox"/> Passport	
<input type="checkbox"/> Canadian citizen card		<input type="checkbox"/> Valid Canadian driver's license	
<input type="checkbox"/> Canadian identity card		<input type="checkbox"/> British Columbia identification card	
		<input type="checkbox"/> Naturalization certificate	
		<input type="checkbox"/> Canadian Forces identification	

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant signature

#### NOTARY PUBLIC CERTIFICATION

I hereby verify that the person shown in the photograph affixed on this page is the same person:

- Whose name appears as the Applicant.
- Whose identity has been proven to my satisfaction through presentation of the identification indicated.
- Whose signature on this document was signed in my presence.

\_\_\_\_\_ Date

\_\_\_\_\_ Notary signature

Notary name \_\_\_\_\_

Address \_\_\_\_\_

Tel \_\_\_\_\_

**SEAL**



Declaration of Currency with Legislation and Practice Standards

**DECLARATION**

I, \_\_\_\_\_, confirm my knowledge of:

- The legislation defined in:
  - The Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Pharmacists Regulation and Bylaws of the College of Pharmacists of BC made pursuant to these Acts,
  - The College of Pharmacists of BC Professional Practice Policies,
  - The Food & Drugs Act and Regulations, and
  - The Controlled Drugs & Substances Act.
  
- The practice standards defined in the Framework of Professional Practice.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant signature



# APPLICATION FOR PRE-REGISTRATION

CANADA - PHARMACY TECHNICIAN AGREEMENT ON INTERNAL TRADE (AIT)

Form 7C-3

Page 5 of 7

## Statutory Declaration (Form 5)

**PROVINCE OF BRITISH COLUMBIA, CANADA, IN THE MATTER OF  
AN APPLICATION FOR REGISTRATION  
WITH THE COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA**

I, \_\_\_\_\_ declare that (check the appropriate boxes) :

- 1. I have not been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act, would constitute unprofessional conduct or conduct unbecoming of a person registered under these bylaws.
- 2. My entitlement to practise pharmacy or any other health profession has not been limited, restricted or subject to any terms, limits or conditions or disciplinary action in any jurisdiction at any time.
- 3. At the present time, no investigation, review or proceeding is taking place in any jurisdiction which could result in the suspension or cancellation of my authorization to practise pharmacy or any other health profession.
- 4. My past conduct does not demonstrate any pattern of incompetence or untrustworthiness, which would make registration contrary to the public interest.
- 5. I am a person of good character.
- 6. I am aware of, practice and will practice at all times in compliance with the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act of British Columbia, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
- 7. I shall provide the Registrar with the details of any of the following that relate to me or that occur or arise prior, during, or after my registration with the College of Pharmacists of BC.
  - a charge relating to an offence under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs, or relating to any criminal offense;
  - a finding of guilt in relation to an offence under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs or in relation to any criminal offense;
  - a finding of professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession;
  - a proceeding for professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession.

On a separate sheet of paper, provide details if any of the above is not true (i.e. if any of the above boxes is not checked off). Details to include:

- a. Criminal offence/Disciplinary action/Investigation
- b. Date when offence was committed/Applicable health profession/Applicable jurisdiction
- c. Disposition of charge including details of penalty-imposed
- d. Extenuating circumstances you wish taken into account for your application.

I declare the facts set out herein to be true.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant signature





**Criminal Record Check Authorization**

**APPLICANT INFORMATION**

Legal name \_\_\_\_\_  
Last name (Surname) First name Other name(s)

Mailing address \_\_\_\_\_  
Street City/town Province/State Postal Code

\_\_\_\_\_ **Contact phone** \_\_\_\_\_  
Country Area code

Gender  Male  Female B.C. Driver License \_\_\_\_\_

Birth date \_\_\_\_\_ Birthplace \_\_\_\_\_  
YYYY-MM-DD City/town Province/State Country

Other names used or have used (e.g. maiden name, birth name, previous married name)

1. \_\_\_\_\_  
Surname First name Middle name

2. \_\_\_\_\_  
Surname First name Middle name

3. \_\_\_\_\_  
Surname First name Middle name

**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA)**

The information requested on this form is collected under the authority of the Criminal Records Review Act and in the case of child care facilities, the Community Care Facility Act, and the regulations which govern both these acts. The information provided will be used to fulfill the requirements of the Criminal Records Review Act for the release of criminal records information and is in compliance with the FOIPPA.

**CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS**

**Pursuant to the B.C. Criminal Records Review Act**

- I hereby consent to a check for records of criminal convictions to determine whether I have a conviction or outstanding charge for any relevant offences under the Criminal Records Review Act.
- I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the court and crown counsel relating to an outstanding charge or conviction of any relevant offence as defined under the Criminal Records Review Act.
- Where the results of this check indicate that a criminal record or outstanding charge for a relevant offence may exist, I agree to provide my fingerprints to verify any such criminal record.
- The Deputy Registrar will notify me and my organization that I have an outstanding charge or conviction for any relevant offence(s) and the matter has been referred to the Deputy Registrar.
- The Deputy Registrar will determine whether or not I present a risk to physical or sexual abuse to children.
- The Deputy Registrar's determination will be disclosed to my organization and it will include consideration of any relevant offence for which I have received a pardon.
- If I am charged with or convicted of a relevant offence at any time subsequent to the criminal record check authorized herein, I further agree to report the charge or conviction to my organization and provide my organization, in a timely manner, with a new-signed Consent to a Criminal Record Check form.

*"Deputy Registrar" means a person appointed under the Public Service Act as deputy registrar for the purposes of this Act.*

**I attest that (please check the box(es) below):**

- I have read and understood the Consent for Release of Information and Acknowledgements above. I hereby consent to these terms as indicated by my signature below.
- I hereby authorize the College of Pharmacists of British Columbia to conduct criminal record checks on an ongoing basis every five years. I understand that I may withdraw this consent for future criminal record checks.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant signature



**APPLICATION FOR PRE-REGISTRATION**  
CANADA - NEW PHARMACY TECHNICIAN GRADUATE

Form 7C-3

Page 7 of 7

Registrant Confidentiality Undertaking

I agree to access the **PharmaNet** clinical and patient database through the in-pharmacy computer system, on the following terms and conditions:

- I will not access or use any clinical or patient information in the PharmaNet database or the in-Pharmacy computer system for any purpose other than those authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.
- I agree at all times to treat as confidential all information referred to in paragraph (1) and will not participate in or permit, the unauthorized release, publication or disclosure of the said information to any person, corporation or other entity under any circumstances except as authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.
- I agree at all times, to treat as confidential all information relating to the security and management of the PharmaNet database and the in-pharmacy computer system.
- I agree to be bound by the provisions of this agreement and will continue to do so following termination of employment in the pharmacy for any reason.
- I agree to adhere to all policies and procedures issued by the pharmacy manager and/or the pharmacy owner, consistent with legislation, policies, procedures and standards issued by the College of Pharmacists of British Columbia or the Province of British Columbia, related to the confidentiality, privacy and security of the patient or clinical information contained in the PharmaNet database and the in-pharmacy computer database.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

**Note:**

1. *Attach original with application for registration.*
2. *Make a copy for your own files.*



# APPLICATION FOR NON-PRACTISING PHARMACY TECHNICIAN REGISTRATION

## APPLICANT INFORMATION

Ms      Mrs      Miss      Mr      Dr      **Reg #** \_\_\_\_\_

Name \_\_\_\_\_  
Last name (Surname)      First name      Other name(s)

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
City      Province

\_\_\_\_\_ Postal code      \_\_\_\_\_ Country

Tel (home) \_\_\_\_\_  
 Tel (work) \_\_\_\_\_  
 Email \_\_\_\_\_

## PAYMENT OPTION

Cheque/Money order (payable to College of Pharmacists of BC)

VISA     MasterCard

Card # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_

Cardholder name \_\_\_\_\_

Cardholder signature \_\_\_\_\_

Registration fee	336.00
HST	<u>40.32</u>
<b>Total</b>	<b><u>\$376.32</u></b>
<small>HST # R106953920</small>	

I attest that I am in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.

- I have signed and attached:
- Statutory Declaration (use form on page 2).
  - Criminal Record Check (use form on page 3).
  - Registrant Confidentiality Undertaking (use form on page 4).

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant signature



## APPLICATION FOR

## NON-PRACTISING PHARMACY TECHNICIAN REGISTRATION

Form 8B

Page 2 of 4

### Statutory Declaration (Form 5)

*PROVINCE OF BRITISH COLUMBIA, CANADA, IN THE MATTER OF  
AN APPLICATION FOR REGISTRATION  
WITH THE COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA*

I, \_\_\_\_\_ declare that (check the appropriate boxes) :

1. I have not been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act, would constitute unprofessional conduct or conduct unbecoming of a person registered under these bylaws.
2. My entitlement to practise pharmacy or any other health profession has not been limited, restricted or subject to any terms, limits or conditions or disciplinary action in any jurisdiction at any time.
3. At the present time, no investigation, review or proceeding is taking place in any jurisdiction which could result in the suspension or cancellation of my authorization to practise pharmacy or any other health profession.
4. My past conduct does not demonstrate any pattern of incompetence or untrustworthiness, which would make registration contrary to the public interest.
5. I am a person of good character.
6. I am aware of, practice, and will practice at all times in compliance with the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act of British Columbia, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
7. I shall provide the Registrar with the details of any of the following that relate to me or that occur or arise prior, during, or after my registration with the College of Pharmacists of BC.

*a charge relating to an offence under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs, or relating to any criminal offense;  
a finding of guilt in relation to an offence under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs or in relation to any criminal offense;  
a finding of professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession;  
a proceeding for professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession.*

*On a separate sheet of paper, provide details if any of the above is not true (i.e. if any of the above boxes is not checked off). Details to include:*

- a. Criminal offence/Disciplinary action/Investigation*
- b. Date when offence was committed/Applicable health profession/Applicable jurisdiction*
- c. Disposition of charge including details of penalty-imposed*
- d. Extenuating circumstances you wish taken into account for your application.*

I declare the facts set out herein to be true.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant signature



# APPLICATION FOR NON-PRACTISING PHARMACY TECHNICIAN REGISTRATION

## Criminal Record Check Authorization

### APPLICANT INFORMATION

Legal name \_\_\_\_\_  
Last name (Surname)First nameOther name(s)

Mailing address \_\_\_\_\_  
StreetCity/townProvince/StatePostal Code

\_\_\_\_\_ Country \_\_\_\_\_ Contact phone \_\_\_\_\_  
Area code

Gender  Male  Female B.C. Driver License \_\_\_\_\_

Birth date \_\_\_\_\_ Birthplace \_\_\_\_\_  
YYYY-MM-DDCity/townProvince/StateCountry

Other names used or have used (e.g. maiden name, birth name, previous married name)

1. \_\_\_\_\_  
SurnameFirst nameMiddle name

2. \_\_\_\_\_  
SurnameFirst nameMiddle name

3. \_\_\_\_\_  
SurnameFirst nameMiddle name

### FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA)

The information requested on this form is collected under the authority of the Criminal Records Review Act and in the case of child care facilities, the Community Care Facility Act, and the regulations which govern both these acts. The information provided will be used to fulfill the requirements of the Criminal Records Review Act for the release of criminal records information and is in compliance with the FOIPPA.

### CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS

#### Pursuant to the B.C. Criminal Records Review Act

- I hereby consent to a check for records of criminal convictions to determine whether I have a conviction or outstanding charge for any relevant offences under the Criminal Records Review Act.
- I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the court and crown counsel relating to an outstanding charge or conviction of any relevant offence as defined under the Criminal Records Review Act
- Where the results of this check indicate that a criminal record or outstanding charge for a relevant offence may exist, I agree to provide my fingerprints to verify any such criminal record.
- The Deputy Registrar will notify me and my organization that I have an outstanding charge or conviction for any relevant offence(s) and the matter has been referred to the Deputy Registrar.
- The Deputy Registrar will determine whether or not I present a risk to physical or sexual abuse to children.
- The Deputy Registrar's determination will be disclosed to my organization and it will include consideration of any relevant offence for which I have received a pardon.
- If I am charged with or convicted of a relevant offence at any time subsequent to the criminal record check authorized herein, I further agree to report the charge or conviction to my organization and provide my organization, in a timely manner, with a new-signed Consent to a Criminal Record Check form.

*"Deputy Registrar" means a person appointed under the Public Service Act as deputy registrar for the purposes of this Act.*

I attest that (please check box(es) below):

- I have read and understood the Consent for Release of Information and Acknowledgements above. I hereby consent to these terms as indicated by my signature below.
- I hereby authorize the College of Pharmacists of British Columbia to conduct criminal record checks on an ongoing basis every five years. I understand that I may withdraw this consent for future criminal record checks.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant signature



## APPLICATION FOR

### NON-PRACTISING PHARMACY TECHNICIAN REGISTRATION

Form 8B

Page 4 of 4

#### Registrant Confidentiality Undertaking

I agree to access the **PharmaNet** clinical and patient database through the in-pharmacy computer system, on the following terms and conditions:

- I will not access or use any clinical or patient information in the PharmaNet database or the in-Pharmacy computer system for any purpose other than those authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.
- I agree at all times to treat as confidential all information referred to in paragraph (1) and will not participate in or permit, the unauthorized release, publication or disclosure of the said information to any person, corporation or other entity under any circumstances except as authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.
- I agree at all times, to treat as confidential all information relating to the security and management of the PharmaNet database and the in-pharmacy computer system.
- I agree to be bound by the provisions of this agreement and will continue to do so following termination of employment in the pharmacy for any reason.
- I agree to adhere to all policies and procedures issued by the pharmacy manager and/or the pharmacy owner, consistent with legislation, policies, procedures and standards issued by the College of Pharmacists of British Columbia or the Province of British Columbia, related to the confidentiality, privacy and security of the patient or clinical information contained in the PharmaNet database and the in-pharmacy computer database.

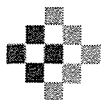
\_\_\_\_\_  
Print name

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

**Note:**

1. *Attach original with application for registration.*
2. *Make a copy for your own files.*



## PHARMACIST REGISTRATION RENEWAL

September 04, 2012

eServices ID

### REGISTRATION EXPIRY: August 31, 2012

For your upcoming renewal, we are pleased to enclose your registration renewal package:

- Registration & payment option p.1
- Profile update - contact & education information p.2
- Profile update - employment information p.3
- Statutory & insurance declaration p.4

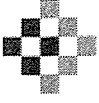
**Pages 1 to 4 must be completed, signed, and returned with payment to the College office on or before midnight of the expiry date.** If your employer pays your fee, you must submit page 1 to your employer for inclusion with their payment and return pages 2 - 4.

For your convenience, online renewal is available by **eServices** on the college website (see back of page 1 for more information).

#### **Important Note: PDAP's CE Requirement tied to Registration Renewal**

*You must complete the Continuing Education (CE) component of the College's Professional Development and Assessment Program (PDAP) in order to maintain your eligibility to renew. Further details regarding this requirement are available by logging into eServices from the College website ([www.bcpharmacists.org](http://www.bcpharmacists.org)) and selecting PDAP from the main menu.*

over >>>



## PHARMACIST REGISTRATION RENEWAL

Cont...

### **Non-Practising Registration Category** (*HPA bylaw, section 48*)

To transfer to this category, select "Non-Practising Pharmacist" registration option on page 1. You will need to complete, sign and return the full renewal package including the criminal record check authorization. You will not need professional liability insurance.

### **Former Category**

To transfer to this category, select the "Former Pharmacist" option, sign, and return page 1. You will not need to complete or return pages 2 to 4. However, if there are changes to your contact information, update and return page 2.

If you have any questions or comments, please feel free to contact:

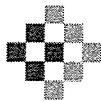
Doris Wong  
Administrative Assistant – Renewals & Records  
(604) 676-4224 or [doris.wong@bcpharmacists.org](mailto:doris.wong@bcpharmacists.org)

Yours truly,

Bob Nakagawa  
Registrar

*To protect the public by ensuring that College registrants provide safe and effective pharmacy care to help people achieve better health.*





# PHARMACIST REGISTRATION RENEWAL

Reg #  
**August 31, 2012**

## REGISTRATION OPTION FOR NEXT YEAR

Registration option (select only **one** option)

- Full pharmacist
- Non-practising pharmacist
- Former pharmacist (with newsletter)
- Former pharmacist (without newsletter)

FEE	HST	TOTAL
\$682.50	+ \$81.90	= <b>\$764.40</b>
\$504.00	+ \$60.48	= <b>\$564.48</b>
\$105.00	+ \$12.60	= <b>\$117.60</b>
\$ 0.00		

\$ \_\_\_\_\_

**TOTAL**

\$

HST # R106953920

## PAYMENT OPTION

- Cheque/Money order (payable to College of Pharmacists of BC)
- VISA       MasterCard

Card # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_

Cardholder name \_\_\_\_\_

Cardholder signature \_\_\_\_\_

I attest that I am in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.

\_\_\_\_\_ Date

\_\_\_\_\_ Registrant signature

## ONLINE RENEWAL

**Go to [www.bcpharmacists.org](http://www.bcpharmacists.org) > eServices**

**Three easy and convenient ways to renew and/or pay online**

### **1. Complete your renewal online and pay by credit card online:**

- Go to [www.bcpharmacists.org](http://www.bcpharmacists.org) > eServices and follow the prompts to log-on and to complete your renewal and payment.
- You do not have to return any renewal documents to the college office.

### **2. Complete your renewal online and pay by cheque or credit card:**

- Go to [www.bcpharmacists.org](http://www.bcpharmacists.org) > eServices and follow the prompts to log-on and to complete your renewal.
- Complete and sign page 1 of the renewal package. Mail this page together with your cheque or credit card information to the college office.
- You do not have to return pages 2-4.

### **3. Complete your renewal online and your employer pays:**

- Go to [www.bcpharmacists.org](http://www.bcpharmacists.org) > eServices and follow the prompts to log-on and to complete your renewal.
- Complete and sign page 1 of the renewal package. Give this page to your employer for inclusion with their cheque.
- You do not have to return pages 2-4.

# PHARMACIST REGISTRATION RENEWAL

## Profile Update

**You must immediately notify the College office of any changes to your contact information, employment information, and any other registration information previously provided (HPA bylaw, section 54).**

### CONTACT INFORMATION

#### CURRENT INFORMATION

#### UPDATE IF NECESSARY

Send mail to my \*  home address  work address

home address  work address

Mailing address \*

Address 1

Address 2

City

Province

Postal code

Country

Email \*

Tel (Home) \*

Tel (Work)

\* denotes required information

### EDUCATION

#### Basic education in pharmacy

Diploma  Baccalaureate  Masters  PharmD

**Cairo University**

University

**1993**

Graduation year

Province/State

**Egypt**

Country

#### Highest post-basic education in pharmacy

Baccalaureate  Masters  PharmD  Doctorate  
 Accredited residency - Hospital  Accredited residency - Community

University

Graduation year

Province/State

Country

If changes are made in this section, you must submit supporting documents (e.g. copy of degree or completion certificate).



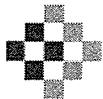
# PHARMACIST REGISTRATION RENEWAL

## Profile Update

### EMPLOYMENT

- EMPLOYMENT STATUS:**
- A. Employed in the profession of pharmacy (*provide details below*)
  - B. Employed in other than the profession of pharmacy, seeking employment in
  - C. Employed in other than the profession of pharmacy, not seeking employment
  - D. Unemployed and seeking employment in the profession of pharmacy
  - E. Unemployed and not seeking employment in the profession of pharmacy

Primary	Secondary	Third
Pharmacare # _____  Employer name _____  Prov _____ Postal code _____  Country _____	Pharmacare # _____  Employer name _____  Prov _____ Postal code _____  Country _____	Pharmacare # _____  Employer name _____  Prov _____ Postal code _____  Country _____
<b>CATEGORY:</b> <input type="checkbox"/> Permanent employee <input type="checkbox"/> Casual employee <input type="checkbox"/> Temporary employee <input type="checkbox"/> Self employed	<b>CATEGORY:</b> <input type="checkbox"/> Permanent employee <input type="checkbox"/> Casual employee <input type="checkbox"/> Temporary employee <input type="checkbox"/> Self employed	<b>CATEGORY:</b> <input type="checkbox"/> Permanent employee <input type="checkbox"/> Casual employee <input type="checkbox"/> Temporary employee <input type="checkbox"/> Self employed
<b>POSITION:</b> <input type="checkbox"/> Director of Pharmacy <input type="checkbox"/> Pharmacy Owner/Manager <input type="checkbox"/> Pharmacy Manager <input type="checkbox"/> Researcher <input type="checkbox"/> Staff Pharmacist <input type="checkbox"/> Pharmacist Consultant <input type="checkbox"/> Educator <input type="checkbox"/> Industrial Pharmacist <input type="checkbox"/> Institutional Leader/Coordinator <input type="checkbox"/> Other	<b>POSITION:</b> <input type="checkbox"/> Director of Pharmacy <input type="checkbox"/> Pharmacy Owner/Manager <input type="checkbox"/> Pharmacy Manager <input type="checkbox"/> Researcher <input type="checkbox"/> Staff Pharmacist <input type="checkbox"/> Pharmacist Consultant <input type="checkbox"/> Educator <input type="checkbox"/> Industrial Pharmacist <input type="checkbox"/> Institutional Leader/Coordinator <input type="checkbox"/> Other	<b>POSITION:</b> <input type="checkbox"/> Director of Pharmacy <input type="checkbox"/> Pharmacy Owner/Manager <input type="checkbox"/> Pharmacy Manager <input type="checkbox"/> Researcher <input type="checkbox"/> Staff Pharmacist <input type="checkbox"/> Pharmacist Consultant <input type="checkbox"/> Educator <input type="checkbox"/> Industrial Pharmacist <input type="checkbox"/> Institutional Leader/Coordinator <input type="checkbox"/> Other
<b>WEEKLY PRACTICE HOURS:</b> <input type="checkbox"/> 40 and above <input type="checkbox"/> 15 - 29 <input type="checkbox"/> 30 - 39 <input type="checkbox"/> 14 or less	<b>WEEKLY PRACTICE HOURS:</b> <input type="checkbox"/> 40 and above <input type="checkbox"/> 15 - 29 <input type="checkbox"/> 30 - 39 <input type="checkbox"/> 14 or less	<b>WEEKLY PRACTICE HOURS:</b> <input type="checkbox"/> 40 and above <input type="checkbox"/> 15 - 29 <input type="checkbox"/> 30 - 39 <input type="checkbox"/> 14 or less
<b>PLACE OF EMPLOYMENT:</b> <input type="checkbox"/> Hospital and other health care facilities <input type="checkbox"/> Community pharmacy <input type="checkbox"/> Other pharmacy <input type="checkbox"/> Group professional practice/clinic <input type="checkbox"/> Community health centre <input type="checkbox"/> Other community-based pharmacist practice <input type="checkbox"/> Post-secondary educational institution <input type="checkbox"/> Association/government/para-governmental <input type="checkbox"/> Health-related industry/manufacturing/commercial <input type="checkbox"/> Community pharmacy corporate office <input type="checkbox"/> Other	<b>PLACE OF EMPLOYMENT:</b> <input type="checkbox"/> Hospital and other health care facilities <input type="checkbox"/> Community pharmacy <input type="checkbox"/> Other pharmacy <input type="checkbox"/> Group professional practice/clinic <input type="checkbox"/> Community health centre <input type="checkbox"/> Other community-based pharmacist practice <input type="checkbox"/> Post-secondary educational institution <input type="checkbox"/> Association/government/para-governmental <input type="checkbox"/> Health-related industry/manufacturing/commercial <input type="checkbox"/> Community pharmacy corporate office <input type="checkbox"/> Other	<b>PLACE OF EMPLOYMENT:</b> <input type="checkbox"/> Hospital and other health care facilities <input type="checkbox"/> Community pharmacy <input type="checkbox"/> Other pharmacy <input type="checkbox"/> Group professional practice/clinic <input type="checkbox"/> Community health centre <input type="checkbox"/> Other community-based pharmacist practice <input type="checkbox"/> Post-secondary educational institution <input type="checkbox"/> Association/government/para-governmental <input type="checkbox"/> Health-related industry/manufacturing/commercial <input type="checkbox"/> Community pharmacy corporate office <input type="checkbox"/> Other



# PHARMACIST REGISTRATION RENEWAL

## Statutory & Insurance Declaration

### STATUTORY DECLARATION (FORM 5)

PROVINCE OF BRITISH COLUMBIA, CANADA, IN THE MATTER OF  
AN APPLICATION FOR REGISTRATION  
WITH THE COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA

I, \_\_\_\_\_ declare that (check the appropriate boxes):

- 1. I have not been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act, would constitute unprofessional conduct or conduct unbecoming of a person registered under these bylaws.
- 2. My entitlement to practise pharmacy or any other health profession has not been limited, restricted or subject to any terms, limits or conditions or disciplinary action in any jurisdiction at any time.
- 3. At the present time, no investigation, review or proceeding is taking place in any jurisdiction which could result in the suspension or cancellation of my authorization to practise pharmacy or any other health profession.
- 4. My past conduct does not demonstrate any pattern of incompetence or untrustworthiness, which would make registration contrary to the public interest.
- 5. I am a person of good character.
- 6. I am aware of, practice, and will practice at all times in compliance with the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act of British Columbia, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
- 7. I shall provide the Registrar with the details of any of the following that relate to me or that occur or arise prior, during, or after my registration with the College of Pharmacists of BC.
  - a charge relating to an offence under any Act regulating the practice of pharmacy or relating to the sale of drugs, or relating to any criminal offence;
  - a finding of guilt in relation to an offence under any Act regulating the practice of pharmacy or relating to the sale of drugs or in relation to any criminal offence;
  - a finding of professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession;
  - a proceeding for professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession.

On a separate sheet of paper, provide details if any of the above are not true (i.e. if any of the above boxes are not checked off). Details to include:

- a. Criminal offence/Disciplinary action/Investigation
- b. Date when offence was committed/Applicable health profession/Applicable jurisdiction
- c. Disposition of charge including details of penalty-imposed
- d. Extenuating circumstances you wish taken into account for your application.

### PROFESSIONAL LIABILITY INSURANCE

I attest that (Please check box(es)):

- I have professional liability insurance that meets the following criteria:
  - Provides a minimum of \$2 million coverage.
  - Provides occurrence based coverage or claims made with extended reporting period of at least 3 years.
  - Insurance covers the registrant through an individual or group policy.
- Not applicable to me (I am currently in Non-Practising pharmacist category).

I declare the facts set out herein to be true.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant signature



# PHARMACY TECHNICIAN REGISTRATION RENEWAL

September 14, 2012

eServices ID [REDACTED]

[REDACTED]

Dear [REDACTED],

## REGISTRATION EXPIRY: October 31, 2012

For your upcoming renewal, we are pleased to enclose your registration renewal package:

- Registration & payment option p.1
- Profile update – contact & education information p.2
- Profile update – employment information p.3
- Statutory & insurance declaration p.4

**Pages 1 to 4 must be completed, signed, and returned with payment to the College office on or before midnight of the expiry date.** If your employer pays your fee, you must submit page 1 to your employer for inclusion with their payment and return pages 2 - 4.

For your convenience, online renewal is available by **eServices** on the college website (*see back of page 1 for more information*).

### **Important Note: PDAP's CE Requirement tied to Registration Renewal**

*You must complete the Continuing Education (CE) component of the College's Professional Development and Assessment Program (PDAP) in order to maintain your eligibility to renew. Further details regarding this requirement are available by logging into eServices from the College website ([www.bcpharmacists.org](http://www.bcpharmacists.org)) and selecting PDAP from the main menu.*

over >>>



## PHARMACY TECHNICIAN REGISTRATION RENEWAL

Cont...

### **Non-Practising Registration Category** (*HPA bylaw, section 48*)

To transfer to this category, select "Non-Practising Pharmacy Technician" registration option on page 1. You will need to complete, sign and return the full renewal package. You will not need professional liability insurance.

### **Former Category**

To transfer to this category, select the "Former Pharmacy Technician" option, sign, and return page 1. You will not need to complete or return pages 2 to 4. However, if there are changes to your contact information, update and return page 2.

If you have any questions or comments, please feel free to contact:

Doris Wong  
Administrative Assistant – Renewals & Records  
(604) 676-4224 or [doris.wong@bcpharmacists.org](mailto:doris.wong@bcpharmacists.org)

Yours truly,

Bob Nakagawa, BSc Pharm, FCSHP  
Registrar

*To protect the public by ensuring that College registrants provide safe and effective pharmacy care to help people achieve better health.*



Reg # [redacted] expires  
**October 31, 2012**

[redacted]

eServices ID [redacted]  
[redacted]

**REGISTRATION OPTION FOR NEXT YEAR**

Registration option *(select only one option)*

- Full pharmacy technician
- Non-practising pharmacy technician
- Former pharmacy technician *(with newsletter)*
- Former pharmacy technician *(without newsletter)*

FEE	HST	TOTAL
\$420.00	+ \$50.40	= <b>\$470.40</b>
\$504.00	+ \$60.48	= <b>\$564.48</b>
\$105.00	+ \$12.60	= <b>\$117.60</b>
\$ 0.00		

\$ \_\_\_\_\_

**TOTAL**

\$

HST # R106953920

**PAYMENT OPTION**

- Cheque/Money order *(payable to College of Pharmacists of BC)*
- VISA       MasterCard

Card # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_

Cardholder name \_\_\_\_\_

Cardholder signature \_\_\_\_\_

I attest that I am in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Registrant signature



## ONLINE RENEWAL

*Go to [www.bcpharmacists.org](http://www.bcpharmacists.org) > eServices*

*Three easy and convenient ways to renew and/or pay online*

### **1. Complete your renewal online and pay by credit card online:**

- Go to [www.bcpharmacists.org](http://www.bcpharmacists.org) > eServices and follow the prompts to log-on and to complete your renewal and payment.
- You do not have to return any renewal documents to the college office.

### **2. Complete your renewal online and pay by cheque or credit card:**

- Go to [www.bcpharmacists.org](http://www.bcpharmacists.org) > eServices and follow the prompts to log-on and to complete your renewal.
- Complete and sign page 1 of the renewal package. Mail this page together with your cheque or credit card information to the college office.
- You do not have to return pages 2-( .

### **3. Complete your renewal online and your employer pays:**

- Go to [www.bcpharmacists.org](http://www.bcpharmacists.org) > eServices and follow the prompts to log-on and to complete your renewal.
- Complete and sign page 1 of the renewal package. Give this page to your employer for inclusion with their cheque.
- You do not have to return pages 2-( .



# PHARMACMH97 < B=7=5B REGISTRATION RENEWAL

## Profile Update

You must immediately notify the College office of any changes to your contact information, employment information, and any other registration information previously provided (HPA bylaw, section 54).

eServices ID [REDACTED]

### CONTACT INFORMATION

#### CURRENT INFORMATION

#### UPDATE IF NECESSARY

Send mail to my \*  home address  work address

home address  work address

Mailing address \* [REDACTED]

Address 1

Address 2

[REDACTED] BC  
[REDACTED] Canada

City

Province

Postal code

Country

Email \* [REDACTED]

Tel (Home) \* [REDACTED]

Tel (Work) [REDACTED]

\* denotes required information

### EDUCATION

#### Basic education in pharmacy

Diploma  Baccalaureate  Masters  PharmD

University

Graduation year

Province/State

Country

#### Highest post-basic education in pharmacy

Baccalaureate  Masters  PharmD  Doctorate  
 Accredited residency - Hospital  Accredited residency - Community

University

Graduation year

Province/State

Country

If changes are made in this section, you must submit supporting documents (e.g. copy of degree or completion certificate).



Profile Update

eServices ID [Redacted]

EMPLOYMENT

- EMPLOYMENT STATUS:
- A. Employed in the profession of pharmacy (*provide details below*)
  - B. Employed in other than the profession of pharmacy, seeking employment in the profession of pharmacy
  - C. Employed in other than the profession of pharmacy, not seeking employment in the profession of pharmacy
  - D. Unemployed and seeking employment in the profession of pharmacy
  - E. Unemployed and not seeking employment in the profession of pharmacy

Primary	Secondary	Third
Pharmacare # [Redacted]	Pharmacare # _____	Pharmacare # _____
Employer name [Redacted]	Employer name _____	Employer name _____
BC Prov [Redacted] Postal code [Redacted]	Prov _____ Postal code _____	Prov _____ Postal code _____
Canada Country _____	Country _____	Country _____
<b>CATEGORY:</b> <input checked="" type="checkbox"/> Permanent employee <input type="checkbox"/> Casual employee <input type="checkbox"/> Temporary employee <input type="checkbox"/> Self employed	<b>CATEGORY:</b> <input type="checkbox"/> Permanent employee <input type="checkbox"/> Casual employee <input type="checkbox"/> Temporary employee <input type="checkbox"/> Self employed	<b>CATEGORY:</b> <input type="checkbox"/> Permanent employee <input type="checkbox"/> Casual employee <input type="checkbox"/> Temporary employee <input type="checkbox"/> Self employed
<b>POSITION:</b> <input type="checkbox"/> Director of Pharmacy <input type="checkbox"/> Pharmacy Owner/Manager <input type="checkbox"/> Pharmacy Manager <input type="checkbox"/> Researcher <input type="checkbox"/> Staff Pharmacist <input type="checkbox"/> Pharmacist Consultant <input type="checkbox"/> Educator <input type="checkbox"/> Industrial Pharmacist <input type="checkbox"/> Institutional Leader/Coordinator <input type="checkbox"/> Other	<b>POSITION:</b> <input type="checkbox"/> Director of Pharmacy <input type="checkbox"/> Pharmacy Owner/Manager <input type="checkbox"/> Pharmacy Manager <input type="checkbox"/> Researcher <input type="checkbox"/> Staff Pharmacist <input type="checkbox"/> Pharmacist Consultant <input type="checkbox"/> Educator <input type="checkbox"/> Industrial Pharmacist <input type="checkbox"/> Institutional Leader/Coordinator <input type="checkbox"/> Other	<b>POSITION:</b> <input type="checkbox"/> Director of Pharmacy <input type="checkbox"/> Pharmacy Owner/Manager <input type="checkbox"/> Pharmacy Manager <input type="checkbox"/> Researcher <input type="checkbox"/> Staff Pharmacist <input type="checkbox"/> Pharmacist Consultant <input type="checkbox"/> Educator <input type="checkbox"/> Industrial Pharmacist <input type="checkbox"/> Institutional Leader/Coordinator <input type="checkbox"/> Other
<b>WEEKLY PRACTICE HOURS:</b> <input checked="" type="checkbox"/> 40 and above <input type="checkbox"/> 15 - 29 <input type="checkbox"/> 30 - 39 <input type="checkbox"/> 14 or less	<b>WEEKLY PRACTICE HOURS:</b> <input type="checkbox"/> 40 and above <input type="checkbox"/> 15 - 29 <input type="checkbox"/> 30 - 39 <input type="checkbox"/> 14 or less	<b>WEEKLY PRACTICE HOURS:</b> <input type="checkbox"/> 40 and above <input type="checkbox"/> 15 - 29 <input type="checkbox"/> 30 - 39 <input type="checkbox"/> 14 or less
<b>PLACE OF EMPLOYMENT:</b> <input type="checkbox"/> Hospital and other health care facilities <input checked="" type="checkbox"/> Community pharmacy <input type="checkbox"/> Other pharmacy <input type="checkbox"/> Group professional practice/clinic <input type="checkbox"/> Community health centre <input type="checkbox"/> Other community-based pharmacist practice <input type="checkbox"/> Post-secondary educational institution <input type="checkbox"/> Association/government/para-governmental <input type="checkbox"/> Health-related industry/manufacturing/commercial <input type="checkbox"/> Community pharmacy corporate office <input type="checkbox"/> Other	<b>PLACE OF EMPLOYMENT:</b> <input type="checkbox"/> Hospital and other health care facilities <input type="checkbox"/> Community pharmacy <input type="checkbox"/> Other pharmacy <input type="checkbox"/> Group professional practice/clinic <input type="checkbox"/> Community health centre <input type="checkbox"/> Other community-based pharmacist practice <input type="checkbox"/> Post-secondary educational institution <input type="checkbox"/> Association/government/para-governmental <input type="checkbox"/> Health-related industry/manufacturing/commercial <input type="checkbox"/> Community pharmacy corporate office <input type="checkbox"/> Other	<b>PLACE OF EMPLOYMENT:</b> <input type="checkbox"/> Hospital and other health care facilities <input type="checkbox"/> Community pharmacy <input type="checkbox"/> Other pharmacy <input type="checkbox"/> Group professional practice/clinic <input type="checkbox"/> Community health centre <input type="checkbox"/> Other community-based pharmacist practice <input type="checkbox"/> Post-secondary educational institution <input type="checkbox"/> Association/government/para-governmental <input type="checkbox"/> Health-related industry/manufacturing/commercial <input type="checkbox"/> Community pharmacy corporate office <input type="checkbox"/> Other



## Statutory &amp; Insurance Declaration

eServices ID [REDACTED]

**STATUTORY DECLARATION (FORM 5)**

*PROVINCE OF BRITISH COLUMBIA, CANADA, IN THE MATTER OF  
AN APPLICATION FOR REGISTRATION  
WITH THE COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA*

I, [REDACTED] declare that (check the appropriate boxes):

1. I have not been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act, would constitute unprofessional conduct or conduct unbecoming of a person registered under these bylaws.
2. My entitlement to practise pharmacy or any other health profession has not been limited, restricted or subject to any terms, limits or conditions or disciplinary action in any jurisdiction at any time.
3. At the present time, no investigation, review or proceeding is taking place in any jurisdiction which could result in the suspension or cancellation of my authorization to practise pharmacy or any other health profession.
4. My past conduct does not demonstrate any pattern of incompetence or untrustworthiness, which would make registration contrary to the public interest.
5. I am a person of good character.
6. I am aware of, practice, and will practice at all times in compliance with the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act of British Columbia, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
7. I shall provide the Registrar with the details of any of the following that relate to me or that occur or arise prior, during, or after my registration with the College of Pharmacists of BC.
- a charge relating to an offence under any Act regulating the practice of pharmacy or relating to the sale of drugs, or relating to any criminal offense;
  - a finding of guilt in relation to an offence under any Act regulating the practice of pharmacy or relating to the sale of drugs or in relation to any criminal offense;
  - a finding of professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession;
  - a proceeding for professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession.

*On a separate sheet of paper, provide details if any of the above are not true (i.e. if any of the above boxes are not checked off). Details to include:*

- a. Criminal offence/Disciplinary action/Investigation
- b. Date when offence was committed/Applicable health profession/Applicable jurisdiction
- c. Disposition of charge including details of penalty-imposed
- d. Extenuating circumstances you wish taken into account for your application.

**PROFESSIONAL LIABILITY INSURANCE**

I attest that (please check the box(es) below):

- I have professional liability insurance that meets the following criteria:
- Provides a minimum of \$2 million coverage.
  - Provides occurrence based coverage or claims made with extended reporting period of at least 3 years.
  - Insurance covers the registrant through an individual or group policy.
- Not applicable to me (I am currently in Non-Practising pharmacist category).

I declare the facts set out herein to be true.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant signature



# APPLICATION FOR REINSTATEMENT

## Late Registration Renewal

- Full Pharmacist
- Non-Practising Pharmacist
- Limited Pharmacist
- Pharmacy Technician
- Non-Practising Pharmacy Technician

### CONTACT INFORMATION

Ms     Mrs     Miss     Mr     Dr

Legal name \_\_\_\_\_  
*Last name (Surname)                      First name                      Other name(s)*

Address \_\_\_\_\_ Tel (home) \_\_\_\_\_  
 \_\_\_\_\_ Tel (work) \_\_\_\_\_  
 \_\_\_\_\_ Email \_\_\_\_\_  
*City                                      Province*  
 \_\_\_\_\_  
*Postal code                              Country*

### PAYMENT OPTION

Cheque/Money order *(payable to College of Pharmacists of BC)*  
 VISA             MasterCard  
 Card # \_\_\_\_\_ Exp \_\_\_\_ / \_\_\_\_  
 Cardholder name \_\_\_\_\_  
 Cardholder signature \_\_\_\_\_

Late renewal fee	131.25
HST	15.75
<b>Total</b>	<b>\$147.00</b>
HST # R106953920	

**All fees are non-refundable and subject to HST.**

I have completed and attached my annual registration renewal form together with the necessary fees.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant signature



**APPLICATION FOR REINSTATEMENT**  
LESS THAN 6 YEARS IN NON-PRACTISING OR FORMER PHARMACIST REGISTER

## CHECKLIST

### You must submit

1.  Checklist *(page 1)*.
2.  Application form *(page 2)*.
3.  Notarized identification *(use form on page 3)*.  
*(Copy of primary and secondary ID (both sides))*
4.  Statutory declaration *(use form on page 4)*.
5.  Criminal record check authorization *(use form on page 5)*.
6.  Registrant Confidentiality Undertaking *(use form on page 6)*.

### You must submit IF

7.  Evidence of your authorization to work in Canada – if you are not a Canadian citizen or a permanent resident. Acceptable documents: Canadian citizenship card, Canadian passport, permanent resident card, social insurance card, or work permit.
8.  A letter/certificate of standing from **each** previous and current regulatory body - if you have engaged in the practice of pharmacy or another health profession in another jurisdiction. Letter/certificate must be dated within three months prior to the date of the application and must be mailed to the college office directly from the regulatory bodies.
9.  Documents in a language other than English must be translated by a government official or an official translator.

Photocopy both sides of documents where applicable.



# APPLICATION FOR REINSTATEMENT LESS THAN 6 YEARS IN NON-PRACTISING OR FORMER PHARMACIST REGISTER

## Application Form

- Full Pharmacist
- Non-Practising Pharmacist

### CONTACT INFORMATION

- Ms
- Mrs
- Miss
- Mr
- Dr

Legal name \_\_\_\_\_  
Last name (Surname) First name Other name(s)

Address \_\_\_\_\_ Tel (home) \_\_\_\_\_  
 \_\_\_\_\_ Tel (work) \_\_\_\_\_  
 \_\_\_\_\_ Email \_\_\_\_\_  
City Province  
 \_\_\_\_\_  
Postal code Country

### REQUIRED FEES

- Reinstatement fee.
- Criminal Record Check fee.
- PDAP Knowledge Assessment (KA) fee.\*

\* The full amount can be applied towards your annual registration fee if you meet the PDAP standards and reinstate within one year of this application.

### PAYMENT OPTION

- Cheque/Money order (payable to College of Pharmacists of BC)
- VISA     MasterCard

Card # \_\_\_\_\_ Exp \_\_\_\_ / \_\_\_\_

Cardholder name \_\_\_\_\_

Cardholder signature \_\_\_\_\_

Reinstatement fee *	282.50
PDAP KA fee	525.00
HST	96.90
<b>Total</b>	<b>\$904.40</b>
HST # R106953920	

\* Includes criminal record check

All fees are non-refundable and subject to HST.

- I hereby authorize the release of my PDAP status in support of this application for reinstatement.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant signature



# APPLICATION FOR REINSTATEMENT

## LESS THAN 6 YEARS IN NON-PRACTISING OR FORMER PHARMACIST REGISTER

### Notarized Identification

#### APPLICANT INFORMATION

Applicant name \_\_\_\_\_

#### Required Documents

Passport photograph, taken within one year, affixed to space provided.

Copy of name change or marriage certificate if name on any document is different from legal name.

#### Required identification - one primary and one secondary.

Identification presented to the Notary Public must be the **original** document issued by the government agency. Photocopies are acceptable only if certified by the issuing government agency to be true copies of the original.



Please check off document type and provide document number

PRIMARY		SECONDARY	
Document type	Document number	Document type	Document number
<input type="checkbox"/> Birth certificate		<input type="checkbox"/> Passport	
<input type="checkbox"/> Canadian citizen card		<input type="checkbox"/> Valid Canadian driver's license	
<input type="checkbox"/> Canadian identity card		<input type="checkbox"/> British Columbia identification card	
		<input type="checkbox"/> Naturalization certificate	
		<input type="checkbox"/> Canadian Forces identification	

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant signature

#### NOTARY PUBLIC CERTIFICATION

I hereby verify that the person shown in the photograph affixed on this page is the same person:

- Whose name appears as the Applicant.
- Whose identity has been proven to my satisfaction through presentation of the identification indicated.
- Whose signature on this document was signed in my presence.

\_\_\_\_\_ Date

\_\_\_\_\_ Notary signature

Notary name \_\_\_\_\_

Address \_\_\_\_\_

Tel \_\_\_\_\_

**SEAL**



**APPLICATION FOR REINSTATEMENT****LESS THAN 6 YEARS IN NON-PRACTISING OR FORMER PHARMACIST REGISTER****Statutory Declaration (Form 5)**

**PROVINCE OF BRITISH COLUMBIA, CANADA, IN THE MATTER OF  
AN APPLICATION FOR REGISTRATION  
WITH THE COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA**

I, \_\_\_\_\_ declare that (check the appropriate boxes) :

1. I have not been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act, would constitute unprofessional conduct or conduct unbecoming of a person registered under these bylaws.
2. My entitlement to practise pharmacy or any other health profession has not been limited, restricted or subject to any terms, limits or conditions or disciplinary action in any jurisdiction at any time.
3. At the present time, no investigation, review or proceeding is taking place in any jurisdiction which could result in the suspension or cancellation of my authorization to practise pharmacy or any other health profession.
4. My past conduct does not demonstrate any pattern of incompetence or untrustworthiness, which would make registration contrary to the public interest.
5. I am a person of good character.
6. I am aware of, practice, and will practice at all times in compliance with the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act of British Columbia, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
7. I shall provide the Registrar with the details of any of the following that relate to me or that occur or arise prior, during, or after my registration with the College of Pharmacists of BC.
- a charge relating to an offence under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs, or relating to any criminal offence;
  - a finding of guilt in relation to an offence under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs or in relation to any criminal offence;
  - a finding of professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession;
  - a proceeding for professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession.

On a separate sheet of paper, provide details if any of the above is not true (i.e. if any of the above boxes is not checked off). Details to include:

- a. Criminal offence/Disciplinary action/Investigation
- b. Date when offence was committed/Applicable health profession/Applicable jurisdiction
- c. Disposition of charge including details of penalty-imposed
- d. Extenuating circumstances you wish taken into account for your application.

I declare the facts set out herein to be true.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant signature



# APPLICATION FOR REINSTATEMENT

## LESS THAN 6 YEARS IN NON-PRACTISING OR FORMER PHARMACIST REGISTER

### Criminal Record Check Authorization

#### APPLICANT INFORMATION

Legal name \_\_\_\_\_  
*Last name (Surname) First name Other name(s)*

Mailing address \_\_\_\_\_  
*Street City/town Province/State Postal Code*

\_\_\_\_\_ **Contact phone** \_\_\_\_\_  
*Country Area code*

Gender  Male  Female B.C. Driver License \_\_\_\_\_

Birth date \_\_\_\_\_ Birthplace \_\_\_\_\_  
*YYYY-MM-DD City/town Province/State Country*

Other names used or have used (e.g. maiden name, birth name, previous married name)

1. \_\_\_\_\_  
*Surname First name Middle name*

2. \_\_\_\_\_  
*Surname First name Middle name*

3. \_\_\_\_\_  
*Surname First name Middle name*

#### FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA)

The information requested on this form is collected under the authority of the Criminal Records Review Act and in the case of child care facilities, the Community Care Facility Act, and the regulations which govern both these acts. The information provided will be used to fulfill the requirements of the Criminal Records Review Act for the release of criminal records information and is in compliance with the FOIPPA.

#### CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS

##### Pursuant to the B.C. Criminal Records Review Act

- I hereby consent to a check for records of criminal convictions to determine whether I have a conviction or outstanding charge for any relevant offences under the Criminal Records Review Act.
- I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the court and crown counsel relating to an outstanding charge or conviction of any relevant offence as defined under the Criminal Records Review Act
- Where the results of this check indicate that a criminal record or outstanding charge for a relevant offence may exist, I agree to provide my fingerprints to verify any such criminal record.
- The Deputy Registrar will notify me and my organization that I have an outstanding charge or conviction for any relevant offence(s) and the matter has been referred to the Deputy Registrar.
- The Deputy Registrar will determine whether or not I present a risk to physical or sexual abuse to children.
- The Deputy Registrar's determination will be disclosed to my organization and it will include consideration of any relevant offence for which I have received a pardon.
- If I am charged with or convicted of a relevant offence at any time subsequent to the criminal record check authorized herein, I further agree to report the charge or conviction to my organization and provide my organization, in a timely manner, with a new-signed Consent to a Criminal Record Check form.

"Deputy Registrar" means a person appointed under the Public Service Act as deputy registrar for the purposes of this Act.

I attest that (please check the box(es) below):

- I have read and understood the Consent for Release of Information and Acknowledgements above. I hereby consent to these terms as indicated by my signature below.
- I hereby authorize the College of Pharmacists of British Columbia to conduct criminal record checks on an ongoing basis every five years. I understand that I may withdraw this consent for future criminal record checks.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant signature



**APPLICATION FOR REINSTATEMENT**  
LESS THAN 6 YEARS IN NON-PRACTISING OR FORMER PHARMACIST REGISTER

Registrant Confidentiality Undertaking

I agree to access the **PharmaNet** clinical and patient database through the in-pharmacy computer system, on the following terms and conditions:

- I will not access or use any clinical or patient information in the PharmaNet database or the in-Pharmacy computer system for any purpose other than those authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.
- I agree at all times to treat as confidential all information referred to in paragraph (1) and will not participate in or permit, the unauthorized release, publication or disclosure of the said information to any person, corporation or other entity under any circumstances except as authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.
- I agree at all times, to treat as confidential all information relating to the security and management of the PharmaNet database and the in-pharmacy computer system.
- I agree to be bound by the provisions of this agreement and will continue to do so following termination of employment in the pharmacy for any reason.
- I agree to adhere to all policies and procedures issued by the pharmacy manager and/or the pharmacy owner, consistent with legislation, policies, procedures and standards issued by the College of Pharmacists of British Columbia or the Province of British Columbia, related to the confidentiality, privacy and security of the patient or clinical information contained in the PharmaNet database and the in-pharmacy computer database.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

**Note:**

1. *Attach original with application for registration.*
2. *Make a copy for your own files.*



## APPLICATION FOR REINSTATEMENT

Form 11C

6 YEARS OR MORE IN NON-PRACTISING OR FORMER PHARMACIST REGISTER

Page 1 of 7

# CHECKLIST

### You must submit

1.  Checklist *(page 1)*.
2.  Application form *(page 2)*.
3.  Notarized identification *(use form on page 3)*.  
*(Copy of primary and secondary ID (both sides))*
4.  Certification of Pharmacy Related Employment *(use form on page 4; one form per employer)*.
5.  Statutory declaration *(use form on page 5)*.
6.  Criminal record check authorization *(use form on page 6)*.
7.  Registrant Confidentiality Undertaking *(use form on page 7)*.

### You must submit IF

8.  Evidence of your authorization to work in Canada – if you are not a Canadian citizen or a permanent resident. Acceptable documents: Canadian citizenship card, Canadian passport, permanent resident card, social insurance card, or work permit.
9.  A letter/certificate of standing from **each** previous and current regulatory body - if you have engaged in the practice of pharmacy or another health profession in another jurisdiction. Letter/certificate must be dated within three months prior to the date of the application and must be mailed to the college office directly from the regulatory bodies.
10.  Documents in a language other than English must be translated by a government official or an official translator.

Photocopy both sides of documents where applicable.



# APPLICATION FOR REINSTATEMENT

## 6 YEARS OR MORE IN NON-PRACTISING OR FORMER PHARMACIST REGISTER

### Application Form

- Full Pharmacist
- Non-Practising Pharmacist

### CONTACT INFORMATION

- Ms
- Mrs
- Miss
- Mr
- Dr

Legal name \_\_\_\_\_  
Last name (Surname) First name Other name(s)

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Tel (home) \_\_\_\_\_  
 Tel (work) \_\_\_\_\_  
 Email \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_  
 Postal code \_\_\_\_\_ Country \_\_\_\_\_

### REQUIRED FEES

- Reinstatement fee.
- Criminal Record Check fee.

### PAYMENT OPTION

- Cheque/Money order (payable to College of Pharmacists of BC)
- VISA       MasterCard

Card # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_

Cardholder name \_\_\_\_\_

Cardholder signature \_\_\_\_\_

Application fee *	282.50
HST	33.90
<b>Total</b>	<b>\$316.40</b>
HST # R106953920	

\* Includes criminal record check

**All fees are non-refundable and subject to HST.**

- I hereby authorize the release of my PDAP status in support of this application for reinstatement

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant signature



# APPLICATION FOR REINSTATEMENT

## 6 YEARS OR MORE IN NON-PRACTISING OR FORMER PHARMACIST REGISTER

### Notarized Identification

#### APPLICANT INFORMATION

Applicant name \_\_\_\_\_

#### Required Documents

Passport photograph, taken within one year, affixed to space provided.

Copy of name change or marriage certificate if name on any document is different from legal name.

#### Required identification - one primary and one secondary.

Identification presented to the Notary Public must be the **original** document issued by the government agency. Photocopies are acceptable only if certified by the issuing government agency to be true copies of the original.



Please check off document type and provide document number

PRIMARY		SECONDARY	
Document type	Document number	Document type	Document number
<input type="checkbox"/> Birth certificate		<input type="checkbox"/> Passport	
<input type="checkbox"/> Canadian citizen card		<input type="checkbox"/> Valid Canadian driver's license	
<input type="checkbox"/> Canadian identity card		<input type="checkbox"/> British Columbia identification card	
		<input type="checkbox"/> Naturalization certificate	
		<input type="checkbox"/> Canadian Forces identification	

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant signature

#### NOTARY PUBLIC CERTIFICATION

I hereby verify that the person shown in the photograph affixed on this page is the same person:

- Whose name appears as the Applicant.
- Whose identity has been proven to my satisfaction through presentation of the identification indicated.
- Whose signature on this document was signed in my presence.

\_\_\_\_\_ Date

\_\_\_\_\_ Notary signature

Notary name \_\_\_\_\_

Address \_\_\_\_\_

Tel \_\_\_\_\_

**SEAL**



**APPLICATION FOR REINSTATEMENT**  
6 YEARS OR MORE IN NON-PRACTISING OR FORMER PHARMACIST REGISTER

Certification of Pharmacy Related Employment

**EMPLOYMENT INFORMATION**

Applicant name \_\_\_\_\_

Employer name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

Position \_\_\_\_\_ Total hours worked \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_

**EMPLOYER CERTIFICATION**

I certify that the above employment information is correct.

Name \_\_\_\_\_

Position \_\_\_\_\_  
Pharmacy Manager / Pharmacy Owner / Human Resources Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer signature

**APPLICATION FOR REINSTATEMENT****6 YEARS OR MORE IN NON-PRACTISING OR FORMER PHARMACIST REGISTER****Statutory Declaration (Form 5)**

**PROVINCE OF BRITISH COLUMBIA, CANADA, IN THE MATTER OF  
AN APPLICATION FOR REGISTRATION  
WITH THE COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA**

I, \_\_\_\_\_ declare that (*check the appropriate boxes*) :

1. I have not been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act, would constitute unprofessional conduct or conduct unbecoming of a person registered under these bylaws.
2. My entitlement to practise pharmacy or any other health profession has not been limited, restricted or subject to any terms, limits or conditions or disciplinary action in any jurisdiction at any time.
3. At the present time, no investigation, review or proceeding is taking place in any jurisdiction which could result in the suspension or cancellation of my authorization to practise pharmacy or any other health profession.
4. My past conduct does not demonstrate any pattern of incompetence or untrustworthiness, which would make registration contrary to the public interest.
5. I am a person of good character.
6. I am aware of, practice, and will practice at all times in compliance with the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act of British Columbia, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
7. I shall provide the Registrar with the details of any of the following that relate to me or that occur or arise prior, during, or after my registration with the College of Pharmacists of BC.
- a charge relating to an offence under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs, or relating to any criminal offense;
  - a finding of guilt in relation to an offence under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs or in relation to any criminal offense;
  - a finding of professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession;
  - a proceeding for professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession.

*On a separate sheet of paper, provide details if any of the above is not true (i.e. if any of the above boxes is not checked off). Details to include:*

- a. Criminal offence/Disciplinary action/Investigation*
- b. Date when offence was committed/Applicable health profession/Applicable jurisdiction*
- c. Disposition of charge including details of penalty-imposed*
- d. Extenuating circumstances you wish taken into account for your application.*

I declare the facts set out herein to be true.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant signature





# APPLICATION FOR REINSTATEMENT

## 6 YEARS OR MORE IN NON-PRACTISING OR FORMER PHARMACIST REGISTER

### Criminal Record Check Authorization

#### APPLICANT INFORMATION

Legal name \_\_\_\_\_  
*Last name (Surname) First name Other name(s)*

Mailing address \_\_\_\_\_  
*Street City/town Province/State Postal Code*

\_\_\_\_\_ *Country*      Contact phone \_\_\_\_\_ *Area code*

Gender     Male     Female    B.C. Driver License \_\_\_\_\_

Birth date \_\_\_\_\_ Birthplace \_\_\_\_\_  
*YYYY-MM-DD City/town Province/State Country*

Other names used or have used (*e.g. maiden name, birth name, previous married name*)

1. \_\_\_\_\_  
*Surname First name Middle name*

2. \_\_\_\_\_  
*Surname First name Middle name*

3. \_\_\_\_\_  
*Surname First name Middle name*

#### FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA)

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#### CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS

##### Pursuant to the B.C. Criminal Records Review Act

- I hereby consent to a check for records of criminal convictions to determine whether I have a conviction or outstanding charge for any relevant offences under the Criminal Records Review Act.
- I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the court and crown counsel relating to an outstanding charge or conviction of any relevant offence as defined under the Criminal Records Review Act
- Where the results of this check indicate that a criminal record or outstanding charge for a relevant offence may exist, I agree to provide my fingerprints to verify any such criminal record.
- The Deputy Registrar will notify me and my organization that I have an outstanding charge or conviction for any relevant offence(s) and the matter has been referred to the Deputy Registrar.
- The Deputy Registrar will determine whether or not I present a risk to physical or sexual abuse to children.
- The Deputy Registrar's determination will be disclosed to my organization and it will include consideration of any relevant offence for which I have received a pardon.
- If I am charged with or convicted of a relevant offence at any time subsequent to the criminal record check authorized herein, I further agree to report the charge or conviction to my organization and provide my organization, in a timely manner, with a new-signed Consent to a Criminal Record Check form.

*"Deputy Registrar" means a person appointed under the Public Service Act as deputy registrar for the purposes of this Act.*

I attest that (please check the box(es) below):

- I have read and understood the Consent for Release of Information and Acknowledgements above. I hereby consent to these terms as indicated by my signature below.
- I hereby authorize the College of Pharmacists of British Columbia to conduct criminal record checks on an ongoing basis every five years. I understand that I may withdraw this consent for future criminal record checks.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant signature



**APPLICATION FOR REINSTATEMENT**  
6 YEARS OR MORE IN NON-PRACTISING OR FORMER PHARMACIST REGISTER

Registrant Confidentiality Undertaking

I agree to access the **PharmaNet** clinical and patient database through the in-pharmacy computer system, on the following terms and conditions:

- I will not access or use any clinical or patient information in the PharmaNet database or the in-Pharmacy computer system for any purpose other than those authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.
- I agree at all times to treat as confidential all information referred to in paragraph (1) and will not participate in or permit, the unauthorized release, publication or disclosure of the said information to any person, corporation or other entity under any circumstances except as authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.
- I agree at all times, to treat as confidential all information relating to the security and management of the PharmaNet database and the in-pharmacy computer system.
- I agree to be bound by the provisions of this agreement and will continue to do so following termination of employment in the pharmacy for any reason.
- I agree to adhere to all policies and procedures issued by the pharmacy manager and/or the pharmacy owner, consistent with legislation, policies, procedures and standards issued by the College of Pharmacists of British Columbia or the Province of British Columbia, related to the confidentiality, privacy and security of the patient or clinical information contained in the PharmaNet database and the in-pharmacy computer database.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

**Note:**

1. *Attach original with application for registration.*
2. *Make a copy for your own files.*

LESS THAN 6 YEARS IN NON-PRACTISING OR FORMER PHARMACY TECHNICIAN REGISTER

## CHECKLIST

### You must submit

1.  Checklist *(page 1)*.
2.  Application form *(page 2)*.
3.  Notarized identification *(use form on page 3)*.  
*(Copy of primary and secondary ID (both sides))*
4.  Statutory declaration *(use form on page 4)*.
5.  Criminal record check authorization *(use form on page 5)*.
6.  Registrant Confidentiality Undertaking *(use form on page 6)*.

### You must submit IF

7.  Evidence of your authorization to work in Canada- if you are not a Canadian citizen or a permanent resident. Acceptable documents: Canadian citizenship card, Canadian passport, permanent resident card, social insurance card, or work permit.
8.  A letter/certificate of standing from **each** previous and current regulatory body - if you have engaged in the practice of pharmacy or another health profession in another jurisdiction. Letter/certificate must be dated within three months prior to the date of the application and must be mailed to the college office directly from the regulatory bodies.
9.  Documents in a language other than English must be translated by a government official or an official translator.

Photocopy both sides of documents where applicable.



# APPLICATION FOR REINSTATEMENT

## LESS THAN 6 YEARS IN NON-PRACTISING OR FORMER PHARMACY TECHNICIAN REGISTER

### Application Form

- Full Pharmacy Technician
- Non-Practising Pharmacy Technician



- Ms
- Mrs
- Miss
- Mr
- Dr

Legal name \_\_\_\_\_  
Last name (Surname) First name Other name(s)

Address \_\_\_\_\_ Tel (home) \_\_\_\_\_  
 \_\_\_\_\_ Tel (work) \_\_\_\_\_  
 \_\_\_\_\_ Email \_\_\_\_\_  
City Province  
Postal code Country

### REQUIRED FEES

- Reinstatement fee.
- Criminal Record Check fee.
- PDAP Knowledge Assessment (KA) fee.\*

\* The full amount can be applied towards your annual registration fee if you meet the PDAP standards and reinstate within one year of this application.

### PAYMENT OPTION

- Cheque/Money order (payable to College of Pharmacists of BC)
  - VISA  MasterCard
- Card # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_  
 Cardholder name \_\_\_\_\_  
 Cardholder signature \_\_\_\_\_

Reinstatement fee *	177.50
PDAP KA fee	525.00
HST	84.30
<b>Total</b>	<b>\$786.80</b>
HST # R106953920	

\* Includes criminal record check



- I hereby authorize the release of my PDAP status in support of this application for reinstatement.

\_\_\_\_\_ Date \_\_\_\_\_ Applicant signature \_\_\_\_\_



# APPLICATION FOR REINSTATEMENT

## LESS THAN 6 YEARS IN NON-PRACTISING OR FORMER PHARMACY TECHNICIAN REGISTER

### Notarized Identification

#### APPLICANT INFORMATION

Applicant name \_\_\_\_\_

#### Required Documents

Passport photograph, taken within one year, affixed to space provided.

Copy of name change or marriage certificate if name on any document is different from legal name.

#### Required identification - one primary and one secondary.

Identification presented to the Notary Public must be the **original** document issued by the government agency. Photocopies are acceptable only if certified by the issuing government agency to be true copies of the original.



Please check off document type and provide documentation number

PRIMARY		SECONDARY	
Document type	Document number	Document type	Document number
<input type="checkbox"/> Birth certificate		<input type="checkbox"/> Passport	
<input type="checkbox"/> Canadian citizen card		<input type="checkbox"/> Valid Canadian driver's license	
<input type="checkbox"/> Canadian identity card		<input type="checkbox"/> British Columbia identification card	
		<input type="checkbox"/> Naturalization certificate	
		<input type="checkbox"/> Canadian Forces identification	

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant signature

#### NOTARY PUBLIC CERTIFICATION

I hereby verify that the person shown in the photograph affixed on this page is the same person:

- Whose name appears as the Applicant.
- Whose identity has been proven to my satisfaction through presentation of the identification indicated.
- Whose signature on this document was signed in my presence.

\_\_\_\_\_ Date

\_\_\_\_\_ Notary signature

Notary name \_\_\_\_\_

Address \_\_\_\_\_

Tel \_\_\_\_\_

SEAL



## APPLICATION FOR REINSTATEMENT

Form 11E

Page 4 of 6

LESS THAN 6 YEARS IN NON-PRACTISING OR FORMER PHARMACY TECHNICIAN REGISTER

### Statutory Declaration (Form 5)

*PROVINCE OF BRITISH COLUMBIA, CANADA, IN THE MATTER OF  
AN APPLICATION FOR REGISTRATION  
WITH THE COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA*

I, \_\_\_\_\_ declare that (*check the appropriate boxes*) :

- 1. I have not been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act, would constitute unprofessional conduct or conduct unbecoming of a person registered under these bylaws.
- 2. My entitlement to practise pharmacy or any other health profession has not been limited, restricted or subject to any terms, limits or conditions or disciplinary action in any jurisdiction at any time.
- 3. At the present time, no investigation, review or proceeding is taking place in any jurisdiction which could result in the suspension or cancellation of my authorization to practise pharmacy or any other health profession.
- 4. My past conduct does not demonstrate any pattern of incompetence or untrustworthiness, which would make registration contrary to the public interest.
- 5. I am a person of good character.
- 6. I am aware of, practice, and will practice at all times in compliance with the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act of British Columbia, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
- 7. I shall provide the Registrar with the details of any of the following that relate to me or that occur or arise prior, during, or after my registration with the College of Pharmacists of BC.
  - a charge relating to an offense under any Act regulating the practice of pharmacy or relating to the sale of drugs, or relating to any criminal offense;
  - a finding of guilt in relation to an offense under any Act regulating the practice of pharmacy or relating to the sale of drugs or in relation to any criminal offense;
  - a finding of professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession;
  - a proceeding for professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession.

*On a separate sheet of paper, provide details if any of the above is not true (i.e. if any of the above boxes is not checked off). Details to include:*

- a. Criminal offence/Disciplinary action/Investigation*
- b. Date when offence was committed/Applicable health profession/Applicable jurisdiction*
- c. Disposition of charge including details of penalty-imposed*
- d. Extenuating circumstances you wish taken into account for your application.*

I declare the facts set out herein to be true.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant signature



# APPLICATION FOR REINSTATEMENT

## LESS THAN 6 YEARS IN NON-PRACTISING OR FORMER PHARMACY TECHNICIAN REGISTER

### Criminal Record Check Authorization

#### APPLICANT INFORMATION

Legal name \_\_\_\_\_  
*Last name (Surname) First name Other name(s)*

Mailing address \_\_\_\_\_  
*Street City/town Province/State Postal Code*

\_\_\_\_\_ *Country*      Contact phone \_\_\_\_\_  
 \_\_\_\_\_ *Area code*

Gender     Male    Female    B.C. Driver License \_\_\_\_\_

Birth date \_\_\_\_\_ Birthplace \_\_\_\_\_  
 \_\_\_\_\_ *YYYY-MM-DD City/town Province/State Country*

Other names used or have used (*e.g. maiden name, birth name, previous married name*)

1. \_\_\_\_\_  
 \_\_\_\_\_ *Surname First name Middle name*

2. \_\_\_\_\_  
 \_\_\_\_\_ *Surname First name Middle name*

3. \_\_\_\_\_  
 \_\_\_\_\_ *Surname First name Middle name*

#### FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA)

The information requested on this form is collected under the authority of the Criminal Records Review Act and in the case of child care facilities, the Community Care Facility Act, and the regulations which govern both these acts. The information provided will be used to fulfill the requirements of the Criminal Records Review Act for the release of criminal records information and is in compliance with the FOIPPA.

#### CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS

##### Pursuant to the B.C. Criminal Records Review Act

- I hereby consent to a check for records of criminal convictions to determine whether I have a conviction or outstanding charge for any relevant offences under the Criminal Records Review Act.
- I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the court and crown counsel relating to an outstanding charge or conviction of any relevant offence as defined under the Criminal Records Review Act
- Where the results of this check indicate that a criminal record or outstanding charge for a relevant offence may exist, I agree to provide my fingerprints to verify any such criminal record.
- The Deputy Registrar will notify me and my organization that I have an outstanding charge or conviction for any relevant offence(s) and the matter has been referred to the Deputy Registrar.
- The Deputy Registrar will determine whether or not I present a risk to physical or sexual abuse to children.
- The Deputy Registrar's determination will be disclosed to my organization and it will include consideration of any relevant offence for which I have received a pardon.
- If I am charged with or convicted of a relevant offence at any time subsequent to the criminal record check authorized herein, I further agree to report the charge or conviction to my organization and provide my organization, in a timely manner, with a new-signed Consent to a Criminal Record Check form.

*"Deputy Registrar" means a person appointed under the Public Service Act as deputy registrar for the purposes of this Act.*

I attest that (please check the box(es) below):

- I have read and understood the Consent for Release of Information and Acknowledgements above. I hereby consent to these terms as indicated by my signature below.
- I hereby authorize the College of Pharmacists of British Columbia to conduct criminal record checks on an ongoing basis every five years. I understand that I may withdraw this consent for future criminal record checks.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant signature

**APPLICATION FOR REINSTATEMENT**

**LESS THAN 6 YEARS IN NON-PRACTISING OR FORMER PHARMACY TECHNICIAN REGISTER**

**Registrant Confidentiality Undertaking**



I agree to access the **PharmaNet** clinical and patient database through the in-pharmacy computer system, on the following terms and conditions:

- I will not access or use any clinical or patient information in the PharmaNet database or the in-Pharmacy computer system for any purpose other than those authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.
- I agree at all times to treat as confidential all information referred to in paragraph (1) and will not participate in or permit, the unauthorized release, publication or disclosure of the said information to any person, corporation or other entity under any circumstances except as authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.
- I agree at all times, to treat as confidential all information relating to the security and management of the PharmaNet database and the in-pharmacy computer system.
- I agree to be bound by the provisions of this agreement and will continue to do so following termination of employment in the pharmacy for any reason.
- I agree to adhere to all policies and procedures issued by the pharmacy manager and/or the pharmacy owner, consistent with legislation, policies, procedures and standards issued by the College of Pharmacists of British Columbia or the Province of British Columbia, related to the confidentiality, privacy and security of the patient or clinical information contained in the PharmaNet database and the in-pharmacy computer database.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

**Note:**

1. *Attach original with application for registration.*
2. *Make a copy for your own files.*

\_\_\_\_\_

\_\_\_\_\_





6 YEARS OR MORE IN NON-PRACTISING OR FORMER PHARMACY TECHNICIAN REGISTER

## CHECKLIST

### You must submit

1.  Checklist *(page 1)*.
2.  Application form *(page 2)*.
3.  Notarized identification *(use form on page 3)*.  
*(Copy of primary and secondary ID (both sides))*
4.  Certification of Pharmacy Related Employment *(use form on page 4; one form per employer)*.
5.  Statutory declaration *(use form on page 5)*.
6.  Criminal record check authorization *(use form on page 6)*.
7.  Registrant Confidentiality Undertaking *(use form on page 7)*.

### You must submit IF

8.  Evidence of your authorization to work in Canada if you are not a Canadian citizen or a permanent resident. Acceptable documents: Canadian citizenship card, Canadian passport, permanent resident card, social insurance card, or work permit.
9.  A letter/certificate of standing from **each** regulatory body - if you have engaged in the practice of pharmacy or another health profession in another jurisdiction. Letter/certificate must be dated within three months prior to the date of the application and must be mailed to the college office directly from the regulatory bodies.
10.  Documents in a language other than English must be translated by a government official translator.

Photocopy both sides of documents where applicable.



# APPLICATION FOR REINSTATEMENT

## 6 YEARS OR MORE IN NON-PRACTISING OR FORMER PHARMACY TECHNICIAN REGISTER

### Application Form

#### CONTACT INFORMATION

Ms  Mrs  Miss  Mr  Dr

Legal name \_\_\_\_\_  
*Last name (Surname) First name Other name(s)*

Address \_\_\_\_\_ Tel (home) \_\_\_\_\_

\_\_\_\_\_ Tel (work) \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_  
*City Province*

\_\_\_\_\_ *Postal code Country*

#### REQUIRED FEES

- Reinstatement fee.
- Criminal Record Check fee.

#### PAYMENT OPTION

Cheque/Money order *(payable to College of Pharmacists of BC)*

VISA  MasterCard

Card # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_

Cardholder name \_\_\_\_\_

Cardholder signature \_\_\_\_\_

Application fee *	177.50
HST	<u>21.30</u>
<b>Total</b>	<b><u>\$198.80</u></b>
HST # R106953920	

*\* Includes criminal record check*

#### 

I hereby authorize the release of my PDAP status in support of this application for reinstatement

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant signature



# APPLICATION FOR REINSTATEMENT

## 6 YEARS OR MORE IN NON-PRACTISING OR FORMER PHARMACY TECHNICIAN REGISTER

### Notarized Identification

#### APPLICANT INFORMATION

Applicant name \_\_\_\_\_



#### Required Documents

Passport photograph, taken within one year, affixed to space provided.

Copy of name change or marriage certificate if name on any document is different from legal name.

#### Required identification - one primary and one secondary.

Identification presented to the Notary Public must be the **original** document issued by the government agency. Photocopies are acceptable only if certified by the issuing government agency to be true copies of the original.

Please check off document type and provide documentation number

PRIMARY		SECONDARY	
Document type	Document number	Document type	Document number
<input type="checkbox"/> Birth certificate		<input type="checkbox"/> Passport	
<input type="checkbox"/> Canadian citizen card		<input type="checkbox"/> Valid Canadian driver's license	
<input type="checkbox"/> Canadian identity card		<input type="checkbox"/> British Columbia identification card	
		<input type="checkbox"/> Naturalization certificate	
		<input type="checkbox"/> Canadian Forces identification	

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant signature

#### NOTARY PUBLIC CERTIFICATION

I hereby verify that the person shown in the photograph affixed on this page is the same person:

- Whose name appears as the Applicant.
- Whose identity has been proven to my satisfaction through presentation of the identification indicated.
- Whose signature on this document was signed in my presence.

\_\_\_\_\_ Date

\_\_\_\_\_ Notary signature

Notary name \_\_\_\_\_

Address \_\_\_\_\_

Tel \_\_\_\_\_

SEAL



# APPLICATION FOR REINSTATEMENT

Form 11F

Page 4 of 7

## 6 YEARS OR MORE IN NON-PRACTISING OR FORMER PHARMACY TECHNICIAN REGISTER

### Certification of Pharmacy Related Employment

#### EMPLOYMENT INFORMATION

Applicant name \_\_\_\_\_

Employer name \_\_\_\_\_

Address \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

Position \_\_\_\_\_ Total hours worked \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_

#### EMPLOYER CERTIFICATION

I certify that the above employment information is correct.

Name \_\_\_\_\_

Position \_\_\_\_\_  
Pharmacy Manager / Pharmacy Owner / Human Resources Manager

\_\_\_\_\_ Date

\_\_\_\_\_ Employer signature



6 YEARS OR MORE IN NON-PRACTISING OR FORMER PHARMACY TECHNICIAN REGISTER

Statutory Declaration (Form 5)

PROVINCE OF BRITISH COLUMBIA, CANADA, IN THE MATTER OF  
AN APPLICATION FOR REGISTRATION  
WITH THE COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA

I, \_\_\_\_\_ declare that (check the appropriate boxes) :

- 1. I have not been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act, would constitute unprofessional conduct or conduct unbecoming of a person registered under these bylaws.
- 2. My entitlement to practise pharmacy or any other health profession has not been limited, restricted or subject to any terms, limits or conditions or disciplinary action in any jurisdiction at any time.
- 3. At the present time, no investigation, review or proceeding is taking place in any jurisdiction which could result in the suspension or cancellation of my authorization to practise pharmacy or any other health profession.
- 4. My past conduct does not demonstrate any pattern of incompetence or untrustworthiness, which would make registration contrary to the public interest.
- 5. I am a person of good character.
- 6. I am aware of, practice, and will practice at all times in compliance with the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act of British Columbia, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
- 7. I shall provide the Registrar with the details of any of the following that relate to me or that occur or arise prior, during, or after my registration with the College of Pharmacists of BC.
  - a charge relating to an offense under any Act regulating the practice of pharmacy or relating to the sale of drugs, or relating to any criminal offense;
  - a finding of guilt in relation to an offense under any Act regulating the practice of pharmacy or relating to the sale of drugs or in relation to any criminal offense;
  - a finding of professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession;
  - a proceeding for professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession.

On a separate sheet of paper, provide details if any of the above is not true (i.e. if any of the above boxes is not checked off). Details to include:

- a. Criminal offence/Disciplinary action/Investigation
- b. Date when offence was committed/Applicable health profession/Applicable jurisdiction
- c. Disposition of charge including details of penalty-imposed
- d. Extenuating circumstances you wish taken into account for your application.

I declare the facts set out herein to be true.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant signature



# APPLICATION FOR REINSTATEMENT

## 6 YEARS OR MORE IN NON-PRACTISING OR FORMER PHARMACY TECHNICIAN REGISTER

### Criminal Record Check Authorization

#### APPLICANT INFORMATION

Legal name \_\_\_\_\_  
Last name (Surname) First name Other name(s)

Mailing address \_\_\_\_\_  
Street City/town Province/State Postal Code

\_\_\_\_\_ Country Contact phone \_\_\_\_\_  
Area code

Gender  Male  Female B.C. Driver License \_\_\_\_\_

Birth date \_\_\_\_\_ Birthplace \_\_\_\_\_  
YYYY-MM-DD City/town Province/State Country

Other names used or have used (e.g. maiden name, birth name, previous married name)

1. \_\_\_\_\_  
Surname First name Middle name

2. \_\_\_\_\_  
Surname First name Middle name

3. \_\_\_\_\_  
Surname First name Middle name

#### FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA)

The information requested on this form is collected under the authority of the Criminal Records Review Act and in the case of child care facilities, the Community Care Facility Act, and the regulations which govern both these acts. The information provided will be used to fulfill the requirements of the Criminal Records Review Act for the release of criminal records information and is in compliance with the FOIPPA.

#### CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS

##### Pursuant to the B.C. Criminal Records Review Act

- I hereby consent to a check for records of criminal convictions to determine whether I have a conviction or outstanding charge for any relevant offences under the Criminal Records Review Act.
- I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the court and crown counsel relating to an outstanding charge or conviction of any relevant offence as defined under the Criminal Records Review Act
- Where the results of this check indicate that a criminal record or outstanding charge for a relevant offence may exist, I agree to provide my fingerprints to verify any such criminal record.
- The Deputy Registrar will notify me and my organization that I have an outstanding charge or conviction for any relevant offence(s) and the matter has been referred to the Deputy Registrar.
- The Deputy Registrar will determine whether or not I present a risk to physical or sexual abuse to children.
- The Deputy Registrar's determination will be disclosed to my organization and it will include consideration of any relevant offence for which I have received a pardon.
- If I am charged with or convicted of a relevant offence at any time subsequent to the criminal record check authorized herein, I further agree to report the charge or conviction to my organization and provide my organization, in a timely manner, with a new-signed Consent to a Criminal Record Check form.

"Deputy Registrar" means a person appointed under the Public Service Act as deputy registrar for the purposes of this Act.

I attest that (please check the box(es) below).

- I have read and understood the Consent for Release of Information and Acknowledgements above. I hereby consent to these terms as indicated by my signature below.
- I hereby authorize the College of Pharmacists of British Columbia to conduct criminal record checks on an ongoing basis every five years. I understand that I may withdraw this consent for future criminal record checks.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant signature



**APPLICATION FOR REINSTATEMENT**  
**6 YEARS OR MORE IN NON-PRACTISING OR FORMER PHARMACY TECHNICIAN REGISTER**

**Registrant Confidentiality Undertaking**

I agree to access the **PharmaNet** clinical and patient database through the in-pharmacy computer system, on the following terms and conditions:

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- I agree at all times to treat as confidential all information referred to in paragraph (1) and will not participate in or permit, the unauthorized release, publication or disclosure of the said information to any person, corporation or other entity under any circumstances except as authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.
- I agree at all times, to treat as confidential all information relating to the security and management of the PharmaNet database and the in-pharmacy computer system.
- I agree to be bound by the provisions of this agreement and will continue to do so following termination of employment in the pharmacy for any reason.
- I agree to adhere to all policies and procedures issued by the pharmacy manager and/or the pharmacy owner, consistent with legislation, policies, procedures and standards issued by the College of Pharmacists of British Columbia or the Province of British Columbia, related to the confidentiality, privacy and security of the patient or clinical information contained in the PharmaNet database and the in-pharmacy computer database.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

*Note:*

1. *Attach original with application for registration.*
2. *Make a copy for your own files.*

# **Pharmacy Operations and Drug Scheduling Act - BYLAWS**

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Definitions	
1.	In these bylaws:
	“ <b>Act</b> ” means the <i>Pharmacy Operations and Drug Scheduling Act</i> ;
	“ <b>central pharmacy site</b> ” means <del>a pharmacy authorized under Part IV to provide telepharmacy services;</del>
	“ <b>community pharmacy</b> ” means a pharmacy licensed to sell or dispense drugs to the public <u>and includes a telepharmacy central site but does not include telepharmacy remote site;</u>
	“ <b>Community Pharmacy Standards of Practice</b> ” means the standards, limits and conditions for practice established under section 19 (1) (k) of the <i>Health Professions Act</i> respecting community pharmacies;
	“ <b>controlled drug substance</b> ” means a drug which includes a substance listed in Schedule I, II, III, IV or V of the <i>Controlled Drugs and Substances Act</i> (Canada);
	“ <b>controlled prescription program</b> ” means a program approved by the board, to prevent prescription forgery and reduce inappropriate prescribing of drugs;
	“ <b>dispensary</b> ” means the area of a community pharmacy that contains Schedule I and II drugs;
	“ <b>health authority</b> ” means
	(a) a regional health board designated under the <i>Health Authorities Act</i> , or (b) the Provincial Health Services Authority;
	“ <b>hospital</b> ” has the same meaning as in section 1 of the <i>Hospital Act</i> ;

	<p><b>“hospital pharmacy”</b> means a pharmacy licensed to operate in or for a hospital;</p>
	<p><b>“hospital pharmacy remote site”</b> means a location, not staffed by registrants, outside the hospital premises used for the provision of pharmacy services which is dependent upon support and administrative services from the hospital pharmacy;</p>
	<p><b>“hospital pharmacy satellite”</b> means a physically separate area, staffed by registrants, on or outside the hospital premises used for the provision of pharmacy services which is dependent upon support and administrative services from the hospital pharmacy;</p>
	<p><b>“Hospital Pharmacy Standards of Practice”</b> means the standards, limits and conditions for practice established under section 19 (1) (k) of the <i>Health Professions Act</i> respecting hospital pharmacies;</p>
	<p><b>“inducement”</b> means consideration including, but not limited to, cash, points, loyalty points, coupons, discounts, goods, rewards and similar schemes which can be redeemed for a gift or other benefit.</p>
	<p><b>“mail order pharmacy”</b> means a community pharmacy that:</p> <ul style="list-style-type: none"> <li>(a) provides pharmacy services for which the patient places the prescription order remotely via mail, telephone or website,</li> <li>(b) the patient does not attend the community pharmacy, and</li> <li>(c) the drug or device is provided directly to the patient from the community pharmacy by way of a postal or courier package delivery service,</li> </ul> <p>but does not include community pharmacies providing pharmacy services to residential care facilities and homes;</p>
	<p><b>“medication”</b> has the same meaning as “drug”;</p>
	<p><b>“medication management”</b> has the same meaning as in section 2, Schedule F, Part 5 of the bylaws of the College under the <i>Health Professions Act</i>,</p>
	<p><b>“non-dispensing pharmacy”</b> means a pharmacy in which only the services listed in Section 1(a), (a.1) and (b) of the <i>Pharmacists Regulation</i> are performed;</p>
	<p><b>“outsource prescription processing”</b> means to request another pharmacy to prepare or process a prescription drug order;</p>
	<p><b>“patient”</b> includes a patient’s representative;</p>
	<p><b>“patient’s representative”</b> has the same meaning as in section 64 of the bylaws of the college under the <i>Health Professions Act</i>,</p>
	<p><b>“pharmacy assistant”</b> has the same meaning as “support person”;</p>
	<p><b>“pharmacy education site”</b> means a pharmacy</p> <ul style="list-style-type: none"> <li>(a) that has Schedule I, II and III drugs, but no controlled drug substances,</li> <li>(b) that is licensed solely for the purpose of pharmacy education, and</li> <li>(c) from which pharmacy services are not provided to any person;</li> </ul>

	<p><b>“pharmacy technician”</b> has the same meaning as in section 1 of the bylaws of the college under the <i>Health Professions Act</i>;</p>
	<p><b>“pharmacy services”</b> has the same meaning as in section 1 of the bylaws of the college under the <i>Health Professions Act</i>;</p>
	<p><b>“prescription drug”</b> means a drug referred to in a prescription;</p>
	<p><b>“professional products area”</b> means the area of a community pharmacy that contains Schedule III drugs;</p>
	<p><b>“professional service area”</b> means the area of a community pharmacy that contains Schedule II drugs;</p>
	<p><b>“Residential Care Facilities and Homes Standards of Practice”</b> means the standards, limits and conditions for practice established under section 19 (1) (k) of the <i>Health Professions Act</i> respecting residential care facilities and homes;</p>
	<p><b>“supervision”</b> means <u>the active observation and participation of the supervising registrant in the execution of a process, activity or interaction by a student pharmacist registrant, limited pharmacist registrant, or a registrant with limits and conditions imposed by the Registration Committee, Discipline Committee, or pursuant to a consent agreement;</u></p>
	<p><b>“telepharmacy”</b> <del>means the process by which a central pharmacy site operates one or more telepharmacy remote sites, all of which are connected to the central pharmacy site via computer, video and audio link; means the practice of pharmacy utilizing telecommunication technology between the telepharmacy central site and telepharmacy remote site;</del></p>
	<p><b>“telepharmacy central site”</b> <del>means a pharmacy from which a full pharmacist practices pharmacy and provides direct supervision to a telepharmacy remote site</del></p>
	<p><b>“telepharmacy services”</b> <del>means prescription processing or other pharmacy services, provided by or through telepharmacy;</del></p>
	<p><b>“telepharmacy remote site”</b> means a pharmacy providing pharmacy services to the public, or in or for a hospital,</p> <ul style="list-style-type: none"> <li>(a) without a full pharmacist present,</li> <li><del>(b)</del> <u>(b)</u> in a rural <del>or</del> <u>and</u> remote community, and</li> <li><del>(b)</del> <u>(c)</u> under the supervision and direction of a <del>full</del> <u>full</u> pharmacist at a central pharmacy site.</li> </ul> <p><del>“telepharmacy remote site” means a pharmacy in a rural or remote community from which a technician practices pharmacy under the direct supervision of a full pharmacist at a telepharmacy central site.</del></p>
<p><b>PART I - All Pharmacies</b></p>	
<p><b>Application of Part</b></p>	
2.	<p><u>Except as provided in Section 27, T</u>his Part applies to all pharmacies except pharmacy education sites.</p>

## Responsibilities of Pharmacy Managers, Owners and Directors

3.	<p>(1) <u>A full pharmacist must be the manager of a pharmacy</u></p> <p><u>(a) A pharmacy must not be open for business unless a manager is appointed.</u></p> <p><u>(b) An owner or director must notify the registrar in writing of the appointment and any change of manager within 2 business days.</u></p> <p><u>(c) A pharmacy manager must notify the registrar in writing at least 2 days prior to ceasing to be the pharmacy's manager.</u></p> <p><del>(a)</del>(d) A full pharmacist may not act as manager of more than one pharmacy location, unless the pharmacy of which the full pharmacist is manager <u>includes:</u></p> <ul style="list-style-type: none"> <li>(i) a telepharmacy remote site,</li> <li>(ii) a hospital pharmacy,</li> <li><u>(iii) a hospital pharmacy satellite, or</u></li> <li><u>(iv) a hospital pharmacy remote site.</u></li> <li><del>(iii)</del> <u>non-dispensing pharmacy or</u></li> <li><del>(iv)</del> <u>a pharmacy education site.</u></li> </ul>
	<p>(2) A manager must do all of the following:</p> <ul style="list-style-type: none"> <li>(a) actively participate in the day-to-day management of the pharmacy;</li> <li>(b) confirm that the staff members who represent themselves as registrants are registrants;</li> <li>(c) notify the registrar in writing of the appointments and resignations of registrants as they occur;</li> <li>(d) cooperate with inspectors acting under section 17 of the <i>Act</i> or sections 28 or 29 of the <i>Health Professions Act</i>;</li> <li>(e) ensure that registrant and pharmacy assistant staff levels are commensurate with the workload volume and patient care requirements at all times;</li> <li>(f) ensure that new information directed to the pharmacy pertaining to drugs, devices and drug diversion is immediately accessible to registrants and pharmacy assistants;</li> <li>(g) establish policies and procedures to specify the duties to be performed by registrants and pharmacy assistants;</li> <li>(h) establish procedures for             <ul style="list-style-type: none"> <li>(i) inventory management,</li> <li>(ii) product selection, and</li> </ul> </li> </ul>

	<p>(iii) proper destruction of unusable drugs and devices;</p> <p>(i) ensure that all records related to the purchase and receipt of controlled drug substances are signed by a full pharmacist;</p> <p>(j) ensure appropriate security and storage of all Schedule I, II, and III drugs and controlled drug substances for all aspects of pharmacy practice including operation of the pharmacy without a registrant present;</p> <p>(k) ensure there is a written drug recall procedure in place for pharmacy inventory;</p> <p>(l) ensure that all steps in the drug recall procedure are documented, if the procedure is initiated;</p> <p>(m) ensure that each individual working in the pharmacy wears a badge that clearly identifies the individual's registrant class or other status;</p> <p>(n) ensure that confidentiality is maintained with respect to all pharmacy and patient records in accordance with all applicable legislation;</p> <p>(o) make reasonable security arrangements in respect of unauthorized access, collection, use, disclosure or disposal of personal information kept on the pharmacy premises;</p> <p>(p) notify the registrar as soon as possible in the event that he or she will be absent from the pharmacy for more than eight weeks;</p> <p><del>(q) notify the registrar in writing within 48 hours of ceasing to be the pharmacy's manager;</del></p> <p><del>(r)</del>(q) ensure the correct and consistent use of the community pharmacy operating name as it appears on the community pharmacy licence for all pharmacy identification on or in labels, directory listings, signage, packaging, advertising and stationery;</p> <p><del>(s)</del>(r) ensure that appropriate security is in place for the premises <u>and staff</u> generally;</p> <p><del>(t)</del>(s) in the event of a pharmacy closure or relocation,</p> <p><u>(i) notify the registrar in writing at least thirty days before the effective date of a proposed closure or relocation, unless the registrar determines there are extenuating circumstances,</u></p> <p><u>(ii) submit the pharmacy closure form or relocation/renovation application form,</u></p> <p><u>(iii) post in a prominent location on the exterior of the building in which the pharmacy is located, information to identify the pharmacy now in possession of the prescription and patient records,</u></p> <p><u>(iv) remove or obliterate all exterior and interior signs and advertisements containing the words "pharmacy, drug store, drug department, drugs, medicines, drug sundries, druggist, apothecary or chemist."</u></p>
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	<p><u>(v)</u> provide for the safe transfer and appropriate storage of all Schedule I, II, and III drugs and controlled drug substances,</p> <p><u>(vi)</u> advise the registrar in writing of the disposition of all drugs and prescription records at the time of a closure,</p> <p><u>(vii)</u> provide the registrar with a copy of the return invoice and any other documentation sent to Health Canada in respect of the destruction of all controlled drug substances, <u>and</u></p> <p><u>(viii)</u> arrange for the safe transfer and continuing availability of the prescription records at another pharmacy, <del>or an off-site storage facility that is bonded and secure, and</del></p> <p><del>(i) remove all signs and advertisements from the closed pharmacy premises;</del></p> <p><del>(u)(t)</del> ensure sample medications are dispensed in accordance with the requirements in the Drug Schedules Regulation;</p> <p><del>(v)(u)</del> advise the registrar if the pharmacy is providing pharmacy services over the internet, and provide to the registrar the internet address of every website operated or used by the pharmacy;</p> <p><del>(w)(v)</del> ensure the pharmacy contains the reference material and equipment approved by the board from time to time;</p> <p><del>(x)(w)</del> require all registrants, owners, managers, directors, pharmaceutical representatives, pharmacy assistants and computer software programmers or technicians who will access the in-pharmacy computer system to sign an undertaking in a form approved by the registrar to maintain the confidentiality of patient record information;</p> <p><del>(y)(x)</del> retain the undertakings referred to in paragraph <del>(xw)</del> in the pharmacy for 3 years after employment or any contract for services has ended;</p> <p><u>(y)</u> be informed of the emergency preparedness plan in the area of the pharmacy that he or she manages and be aware of his or her responsibilities in conjunction with that plan.</p> <p><u>(z)</u> <u>ensure that no inducements are provided to the patient or the patient's representative to secure prescriptions orders or in relation to the provision of the practice of pharmacy as defined in section 25.8 of the Health Professions Act.</u></p>
	<p><del>Subsection (2)(r) does not apply to a hospital pharmacy, hospital pharmacy satellite or a pharmacy education site.</del></p>
<u>(3)</u>	<p>Owners and directors must comply with subsection (2)(d), (e), (j), (n), (o), <u>(q)</u> (r), (s), <del>(t), (u)</del>, (v), (w), <u>(x)</u>, and <u>(z)</u> <u>except that subsections (2)(i), s(v), s(vi), s(vii), do not apply to a non-dispensing pharmacy.</u></p>
	<p><del>An owner or director must appoint a manager whenever necessary, and notify</del></p>

		<del>the registrar in writing of the appointment and any resignation of a manager.</del>
	(4)	An owner must ensure that the requirements to obtain a pharmacy licence under the <i>Act</i> are met at all times; <u>including but not limited to the completion of Forms 1 and 2, where applicable.</u>
	(5)	For the purpose of subsection (2)( <del>ts</del> ), a pharmacy closure includes a suspension of the pharmacy licence for a period greater than 30 days, unless otherwise directed by the registrar.
	(6)	<u>Owners, directors, and managers must ensure that the requirements in section 34 and 35 are met at all times.</u>
<b>Sale and Disposal of Drugs</b>		
<u>4.</u>	(1)	Schedule I, II, and III drugs and controlled drug substances must only be sold or dispensed from a pharmacy <u>except a non-dispensing pharmacy.</u>
	(2)	A registrant must not sell or dispense a quantity of drug that will not be used completely prior to the manufacturer's expiry date, if used according to the directions on the label.
	(3)	If the manufacturer's expiry date states the month and year but not the date, the expiry date is the last day of the month indicated.
	(4)	Every registrant <del>practising in a pharmacy is responsible for the protection</del> <u>must protect</u> from loss, theft or unlawful sale or dispensing of all Schedule I, II, and III drugs and controlled drug substances in or from the pharmacy.
	(5)	<u>Every registrant must ensure that drugs and devices are maintained within appropriate temperature, light, and humidity standards in accordance with the policy approved by the board.</u>
	<del>(5)</del> -(	A registrant must not sell, dispense, dispose of or transfer a Schedule I drug except <ul style="list-style-type: none"> <li>(a) on the prescription or order of a practitioner,</li> <li><u>(b) for an inventory to transfer drug inventory to a pharmacy for the purpose of providing an emergency supply of the drug required to fill a prescription or to provide expired drugs to a pharmacy education site. by order of a registrant in accordance with the policy approved by the board,</u></li> <li><del>(b)</del><u>(c) to transfer drug inventory to or from an entity operating within a health authority solely for the purposes of the health authority.</u></li> <li><del>(e)</del><u>(d) by return to the manufacturer or wholesaler of the drug, or</u></li> <li><del>(d)</del><u>(e) forby destruction, in accordance with the policy approved by the board.</u></li> </ul>
	<del>(6)</del> -(	Drugs included in the controlled prescription program must not be sold or dispensed unless <ul style="list-style-type: none"> <li>(a) the registrant has received the prescription on the prescription form approved by both the board and the College of Physicians and Surgeons</li> </ul>



		of British Columbia, and (b) the prescription form is signed by the patient or the patient's representative upon receipt of the dispensed drug.
	<del>(7)</del>	A new prescription from a practitioner is required each time a drug is dispensed, except for (a) a part-fill, (b) a prescription authorizing repeats, (c) a full pharmacist-initiated renewal or adaptation, or (d) an emergency supply for continuity of care.
	<del>(8)</del>	Subsection <del>(76)</del> does not apply to prescriptions written for (a) residents of a facility or home subject to the requirements of the <i>Residential Care Facilities and Homes Standards of Practice</i> , or (b) patients admitted to a hospital.
	<del>(10)</del>	<u>No pharmacist registrant shall provide inducements to any person to secure prescriptions orders or in relation to the provision of the practice of pharmacy as defined in section 25.8 of the Health Professions Act.</u>

#### **Drug Procurement/Inventory Management**

5.	(1)	A full pharmacist may authorize the purchase of Schedule I, II, or III drugs or controlled drug substances only from (a) a wholesaler or manufacturer licensed to operate in Canada, or (b) <u>a registrant at another pharmacy for the purpose of providing an emergency supply of drug required to fill a prescription in accordance with the policy approved by the board.</u>
	(2)	A registrant must record a transfer of drugs that occurs for any reason other than for the purpose of dispensing in accordance with a practitioner's prescription.
	(3)	All drug shipments must be delivered unopened to the pharmacy or a secure storage area.
	(4)	Non-usable and expired drugs must be stored in a separate area of the pharmacy or a secure storage area until final disposal <u>or transfer to a pharmacy education site.</u>
	(5)	A full pharmacist must not purchase Schedule I, II and III drugs and controlled drug substances unless they are for sale or dispensing in or from a pharmacy.

#### **Sterile Products and Hazardous Drugs Distribution**

<u>6.</u>	<u>(1)</u>	<u>Sterile products must be prepared and distributed in an environment that is in</u>
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		<p><u>accordance with</u></p> <p><u>(a) current standards from the Canadian Society of Hospital Pharmacists,</u></p> <p><u>(b) current standards from the United States Pharmacopeia, and</u></p> <p><u>(c) the policies approved by the board from time to time.</u></p>
	(2)	<p><u>Hazardous drugs must be handled, and prepared and distributed in accordance with published standards by the Workers Compensation Board of British Columbia and such other published standards approved by the board from time to time.</u></p>
<b>Interchangeable Drugs</b>		
<del>6.</del> <del>7.</del>		When acting under section 25.91 of the <i>Health Professions Act</i> , a full pharmacist must determine interchangeability of drugs by reference to Health Canada's Declaration of Equivalence, indicated by the identification of a Canadian Reference Product in a Notice of Compliance for a generic drug.
<b>Returned Drugs</b>		
<del>7.</del> <del>8.</del>		No registrant may accept for return to stock or reuse any drug previously dispensed except in accordance with section <del>41(3)</del> <u>10(3)</u> of the <i>Residential Care Facilities and Homes Standards of Practice</i> or section <del>5(2)</del> <u>4(3)</u> of the <i>Hospital Pharmacy Standards of Practice</i> .
<b>Records</b>		
<del>8.</del> <del>9.</del>	(1)	<p>All prescriptions, patient records, invoices and documentation in respect of the purchase, receipt or transfer of Schedule I, II and III drugs and controlled drug substances must be retained for a period of not less than three years from the date</p> <p>(a) a drug referred to in a prescription was last dispensed, or</p> <p>(b) an invoice was received for pharmacy stock.</p>
	(2)	Registrants, pharmacy assistants, managers, directors, and owners must not, for commercial purposes, disclose or permit the disclosure of information or an abstract of information obtained from a prescription or patient record which would permit the identity of the patient or practitioner to be determined.
	(3)	Despite subsection (1), a registrant must not destroy prescriptions, patient records, invoices or documentation until the completion of any audit or investigation currently underway for which the registrant has received notice.
<b>Pharmacy Licences</b>		
<del>910.</del> -	(1)	<p><u>The registrar may issue a licence for any of the following classes of pharmacy licences are established:</u></p> <p>(a) a community pharmacy;</p>

	<p>(b) a hospital pharmacy;</p> <p><del>(c) a pharmacy education site</del> <u>telepharmacy remote site;</u></p> <p><del>(d) a telepharmacy central site;</del></p> <p><del>(e) a hospital pharmacy satellite;</del></p> <p><del>(f) a hospital pharmacy remote site;</del></p> <p><del>(g) a mail order pharmacy;</del></p> <p><del>(h) a non-dispensing pharmacy; and</del></p> <p><del>(e)(i) a pharmacy education site;</del></p>
(2)	<p>An applicant for a pharmacy licence <u>in subsection (1)(a)-(e), (g), (h), (i),</u> must submit the following to the registrar:</p> <p>(a) a completed application in Form 1;</p> <p>(b) a diagram to scale of <del>1/2</del> <u>1/4</u> inch equals 1 foot, <del>scale including of the entrances of the pharmacy and the measurements,</del> preparation, dispensing, consulting, storage, professional services <del>area,</del> professional products <del>area,</del> <u>entrances</u> and packaging areas <del>of the pharmacy;</del></p> <p>(c) the applicable fee set out in Schedule "A";</p> <p>(d) for a community pharmacy, proof in a form satisfactory to the registrar that the municipality in which the pharmacy is located has issued a business licence for the pharmacy to the pharmacy's owner or manager.</p>
(3)	<p><u>An applicant for a pharmacy licence in subsection (1)(gh) must submit the following to the registrar:</u></p> <p><u>(a) a completed application in Form 1;</u></p> <p><u>(b) a diagram to scale of 1/4 inch equals 1 foot, of the pharmacy and the consulting and storage areas;</u></p> <p><u>(c) the applicable fee set out in Schedule "A";</u></p>
(4)	<p><u>The requirements for a mail order pharmacy licence are:</u></p> <p><u>(a) a current community pharmacy licence;</u></p> <p><u>(b) a completed application in Form 1;</u></p> <p><u>(c) payment of the applicable fee set out in Schedule "A"; and</u></p> <p><u>(d) proof in a form satisfactory to the registrar that the proposed mail order pharmacy meets the criteria in section 22 and 23.</u></p>
(5)	<p>The registrar may renew a pharmacy licence upon receipt of the following:</p> <p>(a) a completed <u>notice application</u> in Form <del>4, 5 or 6,</del> <u>2</u> as applicable; <u>and,</u> <u>signed by the manager;</u></p>

		(b) the applicable fee set out in Schedule “A”.
	(6) 5	A pharmacy’s manager must submit to the registrar, in writing, any proposed pharmacy design changes or structural renovations together with a new pharmacy diagram for approval before the commencement of construction or other related activities.
	(7)	If a pharmacy will be closed temporarily for up to 14 consecutive days, the pharmacy’s manager must <ul style="list-style-type: none"> <li>(a) obtain the approval of the registrar,</li> <li>(b) notify patients and the public of the closure at least 30 days prior to the start of the closure, and</li> <li>(c) make arrangements for emergency access to the pharmacy’s hard copy patient records.</li> </ul>
	(8)	A pharmacy located in a hospital which dispenses drugs to staff, out-patients or the public and which is not owned or operated by a health authority, must be licenced as a community pharmacy.
		<del>Subsections (4) to (6) do not apply to a pharmacy education site.</del>

## **PART II – Community Pharmacies**

### **Community Pharmacy Manager – Quality Management**

<del>10</del> 11. =		A community pharmacy’s manager must develop, document and implement an ongoing quality management program that <u>includes a written policy and procedure manual that</u> <ul style="list-style-type: none"> <li>(a) maintains and enforces policies and procedures to comply with <del>all</del> legislation applicable to the operation of a community pharmacy,</li> <li>(b) monitors staff performance, equipment, facilities and adherence to the <i>Community Pharmacy Standards of Practice</i>, and</li> <li>(c) includes a process for reporting, documenting and following up on known, alleged and suspected errors, incidents and discrepancies.</li> </ul>
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### **Community Pharmacy Premises**

<del>11</del> 12 =	(1)	In locations where a community pharmacy does not comprise 100 per cent of the total area of the premises, the community pharmacy’s manager must ensure that <ul style="list-style-type: none"> <li>(a) the professional products area extends not more than 25 feet from the perimeter of the dispensary and is visually distinctive from the remaining areas of the premises by signage, and</li> <li><u>(b) a sign reading “Medication Information” is clearly displayed to identify a consultation area or counter at which a member of the public can obtain a full pharmacist’s advice, and</u></li> </ul>
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		<del>(b)</del> (c) <u>the professional services area products are inaccessible for self-service by the public.</u>
	(2)	The dispensary area of a community pharmacy must <ul style="list-style-type: none"> <li>(a) be at least 160 square feet,</li> <li>(b) be inaccessible to the public by means of gates or doors across all entrances,</li> <li>(c) include a dispensing counter with at least 30 square feet of clear working space, in addition to service counters,</li> <li>(d) contain adequate shelf and storage space,</li> <li>(e) contain a double stainless steel sink with hot and cold running water, and</li> <li>(f) contain an adequate stock of drugs to provide full dispensing services.</li> </ul>
	(3)	In all new and renovated community pharmacies, an appropriate area must be provided for patient consultation that <ul style="list-style-type: none"> <li>(a) ensures privacy and is conducive to confidential communication, and</li> <li>(b) includes, but is not limited to, one of the following: <ul style="list-style-type: none"> <li>(i) a private consultation room;</li> <li>(ii) a semiprivate area with suitable barriers.</li> </ul> </li> </ul>
	(4)	All new and renovated community pharmacies must have a separate and distinct area consisting of at least 40 square feet reserved as secure storage space.
<b>Operation Without a Full Pharmacist</b>		
<del>12-13</del>	(1)	Except as provided in subsection (2), a community pharmacy must not be open to the public unless a full pharmacist is present.
	(2)	A community pharmacy that does not have a telepharmacy remote site licence may operate without a full pharmacist present if all the following requirements are met: <ul style="list-style-type: none"> <li>(a) the registrar is notified of the hours during which a full pharmacist is not present;</li> <li>(b) a security system prevents the public, pharmacy assistants and other non-pharmacy staff from accessing the dispensary, the professional service area and the professional products area;</li> <li>(c) a pharmacy technician is present and ensures that the pharmacy is not open to the public;</li> <li>(d) Schedule I, II, and III drugs and controlled drug substances in a secure storage area are inaccessible to pharmacy assistants, other non-</li> </ul>

		<p>pharmacy staff and the public;</p> <p>(e) dispensed prescriptions waiting for pickup may be kept outside the dispensary if they are inaccessible, secure and invisible to the public and the requirements of section <a href="#">4211</a> of the <i>Community Pharmacy Standards of Practice</i> have been met;</p> <p>(f) the hours when a full pharmacist is on duty are posted.</p>
	(3)	<p>If the requirements of subsection (2) are met, the following activities may be performed at a community pharmacy by anyone who is not a registrant:</p> <p>(a) requests for prescriptions, orders for Schedule II and III drugs and telephone requests from patients to order a certain prescription may be placed in the dispensary area by dropping them through a slot in the barrier;</p> <p>(b) orders from drug wholesalers, containing Schedule I, II and III drugs, may be received but must be kept secure and remain unopened.</p>

### Outsource Prescription Processing

<del>13-</del> <u>14</u> .	(1)	<p>A community pharmacy may outsource prescription processing if</p> <p>(a) all locations involved in the outsourcing are community pharmacies <a href="#">in British Columbia</a>,</p> <p>(b) all prescriptions dispensed are labeled and include an identifiable code that provides a complete audit trail for the dispensed drug, and</p> <p>(c) a notice is posted informing patients that the preparation of their prescription may be outsourced to another pharmacy.</p>
	(2)	<p>The manager of an outsourcing community pharmacy must ensure that all applicable standards of practice are met in processing prescriptions at all locations involved in the outsourcing.</p>
	(3)	<p>In this section, “community pharmacy” includes a hospital pharmacy.</p>

### PART III – Hospital Pharmacies

#### Hospital Pharmacy Manager – Quality Management

<del>14-</del> <u>15</u> .	(1)	<p>A hospital pharmacy’s manager must develop, document and implement an ongoing quality management program that <a href="#">includes a written policy and procedure manual that:</a></p> <p>(a) maintains and enforces policies and procedures to comply with <del>all</del> legislation applicable to the operation of a hospital pharmacy,</p> <p>(b) monitors staff performance, equipment, facilities and adherence to the <i>Hospital Pharmacy Standards of Practice</i>,</p> <p><a href="#">(c) includes a process for reporting, documenting includes a pr and following</a></p>
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		<p><a href="#">up on known, alleged and suspected errors, incidents and discrepancies.</a></p> <p><del>(c)</del>(d) documents periodic audits of the drug distribution process,</p> <p><del>(d)</del>(e) includes a process to review patient-oriented recommendations,</p> <p><del>(e)</del>(f) includes a process that reviews a full pharmacist's documentation notes in the hospital's medical records,</p> <p><del>(f)</del>(g) includes a process to evaluate drug use, and</p> <p><del>(g)</del>(h) regularly updates policies and procedures for drug use control and patient-oriented pharmacy services in collaboration with the medical and nursing staff and appropriate committees.</p>
	(2)	If sample drugs are used within a hospital, the hospital pharmacy's manager must ensure that the pharmacy oversees the procurement, storage and distribution of all sample drugs.
	(3)	<a href="#">Section 3(2)(g) does not apply to a hospital pharmacy manager.</a>
<b><u>Drug Distribution</u></b>		
16.	(1)	<p><a href="#">A hospital pharmacy manager must establish a drug distribution system that</a></p> <p><a href="#">(a) provides drugs in identified dosage units ready for administration whenever possible and practical,</a></p> <p><a href="#">(b) removes all expired, contaminated, and recalled drugs from the inventory of the hospital and its associated hospital pharmacy satellites, telepharmacy remote sites and hospital pharmacy remote sites,</a></p> <p><a href="#">(c) provides a method of recording drugs at the time of administration, and</a></p> <p><a href="#">(d) eliminates or reduces the need to maintain ward stock.</a></p>
	(2)	<a href="#">A unit dose, monitored dose, multiple pouch packaging or individual patient prescription drug distribution system must be used for dispensing drugs.</a>
	(3)	<a href="#">Drugs must be stored in conditions that protect their integrity, stability and sterility, or in accordance with policies approved by the board from time to time.</a>
<b>After Hours Service</b>		
<del>15.</del> <u>16</u> <u>17</u> -	(1)	<p>If continuous pharmacy services are not provided in a hospital, the hospital pharmacy's manager must ensure that urgently needed drugs and patient-oriented pharmacy services are available at all times by</p> <p>(a) providing a cabinet which must</p> <p>(i) be a locked cabinet or other secure enclosure located outside of the hospital pharmacy, to which only authorized persons may</p>

		<p>obtain access,</p> <p>(ii) be stocked with a minimum supply of drugs most commonly required for urgent use,</p> <p>(iii) not contain controlled drug substances unless they are provided by an automated dispensing system,</p> <p>(iv) contain drugs that are packaged to ensure integrity of the drug and labeled with the drug name, strength, quantity, expiry date and lot number, and</p> <p>(v) include a log in which drug withdrawals are documented, and</p> <p>(b) arranging for a full pharmacist to be available for consultation on an on-call basis.</p>
	(2)	When a hospital pharmacy or hospital pharmacy satellite is closed, the premises must be equipped with a security system that will detect unauthorized entry.

#### **PART IV – Telepharmacy**

##### **Telepharmacy Services**

<del>16.</del> <u>17</u> <u>18</u> .	(1)	The registrar may authorize a community pharmacy or hospital pharmacy to provide telepharmacy services, upon receipt of a completed application in Form <u>21</u> and if satisfied that the requirements of this section will be met.
	(2)	Telepharmacy services may only be provided in or through pharmacies authorized under this Part to provide telepharmacy services.
	(3)	A telepharmacy remote site must be under the direct supervision of a full pharmacist at the central pharmacy site.
	(4)	A telepharmacy remote site must be under the responsibility of the manager of the central pharmacy site.
	(5)	The <i>Community Pharmacy Standards of Practice</i> apply to a telepharmacy remote site, unless it is located in, or providing pharmacy services for, a hospital in which case the <i>Hospital Pharmacy Standards of Practice</i> apply.
	(6)	Full pharmacists at a central pharmacy site must comply with section <u>42-11</u> of the <i>Community Pharmacy Standards of Practice</i> by using video and audio links.
	(7)	A sign must be posted at the dispensary counter of a telepharmacy remote site advising patients and staff when the site is operating in telepharmacy mode.
	(8)	A telepharmacy remote site must not remain open and prescriptions must not be dispensed if



	<ul style="list-style-type: none"> <li>(a) an interruption in data, video or audio link occurs,</li> <li>(b) a pharmacy technician is not on duty at the telepharmacy remote site, or</li> <li>(c) a full pharmacist is not on duty at the central pharmacy site.</li> </ul>
(9)	Prescriptions dispensed at a telepharmacy remote site must be distinguishable from a prescription dispensed at the central pharmacy site and include a unique label and a unique identifier for the prescription.
(10)	<p>The manager of a central pharmacy site must</p> <ul style="list-style-type: none"> <li>(a) inspect and audit each affiliated telepharmacy remote site at least 3 times each year,</li> <li>(b) make a written record of all inspections and audits, and</li> <li>(c) provide a copy of a record described in paragraph (b) to the college on request.</li> </ul>
(11)	There must be a policy and procedure manual which describes the specific telepharmacy operations that are in place to ensure the safe and effective distribution of pharmacy products and delivery of pharmaceutical care.

#### PART V – Hospital Pharmacy Remote Site

##### Definitions

<u>19.</u>	<p><u>In this Part:</u></p> <p><u>“base pharmacy” means a hospital pharmacy that provides pharmacy services to a hospital pharmacy remote site.</u></p> <p><u>“healthcare provider” means a registrant of a designated health profession pursuant to the <i>Health Professions Act</i> authorized to provide pharmacy services within a hospital pharmacy remote site.</u></p>
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##### Hospital Pharmacy Remote Site Manager

<u>20.</u>	<p><u>Hospital Pharmacy Remote Site Manager</u></p> <ul style="list-style-type: none"> <li><u>(1) The provisions of Section 3(2)(a), (d), (f), (h), (i), (j), (k), (l), (o) (p), (r), (s), (t), and (y) apply to a hospital pharmacy remote site manager.</u></li> <li><u>(2) The pharmacy manager at the base pharmacy is the manager of the hospital pharmacy remote site.</u></li> <li><u>(3) A hospital pharmacy remote site manager must:</u> <ul style="list-style-type: none"> <li><u>(a) inspect and audit the hospital pharmacy remote site at the site location at least once every 6 months;</u></li> <li><u>(b) document all inspections and audits;</u></li> <li><u>(c) develop, maintain and enforce policies and procedures</u> <ul style="list-style-type: none"> <li><u>(i) to comply with legislation applicable to the operation of a hospital pharmacy remote site;</u></li> <li><u>(ii) to restrict access to a hospital pharmacy remote site to</u></li> </ul> </li> </ul> </li> </ul>
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		<p><u>healthcare providers of the facility; and</u></p> <p><u>(iii) for drug distribution in collaboration with healthcare providers in accordance with the policy approved by the board.</u></p> <p><u>(d) provide a list of drugs available in the hospital pharmacy remote site to health care providers of the facility,</u></p> <p><u>(e) ensure drugs stocked in the hospital pharmacy remote site are labelled with the expiry date and manufacturer lot number,</u></p> <p><u>(f) develop a documentation system that:</u></p> <p><u>(i) tracks and records the type and quantity of drugs transferred to the hospital pharmacy remote site,</u></p> <p><u>(ii) identifies the pharmacy staff stocking and supplying drugs to the hospital pharmacy remote site,</u></p> <p><u>(iii) identifies the health care provider or pharmacy staff receiving drugs at the hospital pharmacy remote site,</u></p> <p><u>(iv) identifies the health care provider dispensing drugs from the hospital pharmacy remote site.</u></p>
<b><u>Hospital Pharmacy Remote Site Premises</u></b>		
<u>21.</u>		<p><u>A hospital pharmacy remote site must:</u></p> <p><u>(2) be located in a controlled and monitored area, outside of public access and away from public view, and</u></p> <p><u>(3) be locked or located in a locked area when not in use.</u></p>
<b><u>PART VI – Mail Order Pharmacy</u></b>		
<b><u>Mail Order Pharmacy Licence</u></b>		
<u>22.</u>	<u>(1)</u>	<u>Mail order pharmacy services may only be provided by licensed mail order pharmacies.</u>
<b><u>Mail Order Pharmacy Manager</u></b>		
<u>23.</u>		<p><u>The mail order pharmacy manager must develop, document and implement an ongoing quality management program that includes a written policy and procedure manual that:</u></p> <p><u>(a) describes the specific mail order pharmacy operations that are in place to ensure the safe and effective distribution of pharmacy products and delivery of pharmaceutical care,</u></p> <p><u>(b) in addition to the requirements in Section 10(2) of Schedule F, Part 1, of the <i>Health Professions Act Bylaws</i>, the patient record includes the method of delivery of the drug or device to the patient,</u></p> <p><u>(c) outsourced prescription processing is compliant with Section 14,</u></p> <p><u>(d) the website meets the following requirements:</u></p> <p><u>(i) the website domain(s) name must include the community pharmacy name,</u></p> <p><u>(ii) the website domain(s) name must link to the community pharmacy website under which the mail order pharmacy is licensed, and</u></p> <p><u>(iii) the website must not block access to legitimate Canadian IP addresses.</u></p>

<b><u>PART VII – Non-Dispensing Pharmacies</u></b>		
<b><u>Non-Dispensing Pharmacy Premises</u></b>		
<u>24.</u>	<u>(1)</u>	<u>A non-dispensing pharmacy must not be located in a residence.</u>
	<u>(2)</u>	<u>A non-dispensing pharmacy must be located in a premises:</u> <u>(a) large enough to contain the equipment and furniture required to provide non-dispensing pharmacy services,</u> <u>(b) that is accessible to the public,</u> <u>(c) that contains adequate shelf and storage space, and</u> <u>(d) ensures privacy.</u>
	<u>(3)</u>	<u>A registrant must not purchase, store or dispense any scheduled drugs from a non-dispensing pharmacy premises.</u>
<b><u>Non-Dispensing Pharmacy Manager of a Non-Dispensing Pharmacy</u></b>		
<u>25.</u>	<u>(1)</u>	<u>The provisions of Section 3(2) (h), (i), (j), (k), (l), (s)(v-vii) and (t) do not apply to a non-dispensing pharmacy manager.</u>
	<u>(2)</u>	<u>A non-dispensing pharmacy manager must develop, document and implement an ongoing quality management program that includes a written policy and procedure manual that:</u> <u>(a) maintains and enforces policies and procedures to comply with legislation applicable to the operation of a non-dispensing pharmacy,</u> <u>(b) monitors staff performance, equipment, facilities and adherence to the <i>Community Pharmacy Standards of Practice</i>, applicable to non-dispensing pharmacies, and</u> <u>(c) includes a process for reporting, documenting and following up on known, alleged and suspected errors, incidents and discrepancies.</u>
<b><u>Operation Without a Full Pharmacist</u></b>		
<u>26.</u>		<u>A non-dispensing pharmacy must not be open to the public unless a full pharmacist is present.</u>
<b><u>PART VIII – Pharmacy Education Sites</u></b>		
<b><u>Pharmacy Education Site Manager</u></b>		
<u>17</u> <u>27</u>	<u>(1)</u>	<u>The provisions of Section 3(2)(a), (d), (h), (j) (p), (r), (s)(v) and (vi) and 10(1)(i), 10(2), 10(5), and 10(6) apply to a pharmacy education site manager.</u>
	<u>(2)</u>	<u>A full pharmacist must be the manager of a pharmacy education site that provides pharmacist education.</u>

	(3)	<a href="#">A full pharmacist or pharmacy technician must be the manager of a pharmacy education site that provides pharmacy technician education.</a>
	(4)	<a href="#">A pharmacy education site manager must ensure that only registrants, instructors and students registered in a program listed in Schedule C are present in the pharmacy education site.</a>
	(5)	<a href="#">A pharmacy education site manager must ensure that documentation in respect of the purchase, receipt or transfer of Schedule I, II and III drugs is created and retained for a period of not less than 3 years from the date the drugs were received by the pharmacy education site.</a>
	(6)	<a href="#">A pharmacy education site manager must ensure that drugs are disposed of in accordance with Section 4(6)(e).</a>
<b>PART VI – PharmaNet</b> <b>PART IX – PharmaNet</b>		
<b>Application of Part</b>		
<del>18</del> <u>28</u> -		This Part applies to every pharmacy that connects to PharmaNet.
<b>Definitions</b>		
<del>19</del> <u>29</u> -		In this Part:
		“ <b>database</b> ” means those portions of the provincial computerized pharmacy network and database referred to in section 13 of the <i>Act</i> ;
		“ <b>electronic prescription</b> ” means <a href="#">a prescription transcribed by electronic means, evidenced by an electronic signature only using prescribed information management technology under the Pharmaceutical Services Act;</a>
		“ <b>electronic signature</b> ” means <a href="#">a signature in an electronic form that a pharmacist or practitioner has created to sign an electronic prescription;</a>
		“ <b>in-pharmacy computer system</b> ” means the computer hardware and software utilized to support pharmacy services in a pharmacy;
		“ <b>patient keyword</b> ” means an optional confidential pass code selected by the patient which limits access to the patient’s PharmaNet record until the pass code is provided to the registrant;
		“ <b>PharmaNet patient record</b> ” means the patient record described in section 11(2) of the <i>Community Pharmacy Standards of Practice</i> and in the PharmaNet Professional and Software Compliance Standards as the “patient profile”;
		“ <b>PharmaNet Professional and Software Compliance Standards</b> ” means the document provided by the Ministry of Health Services specifying the requirements of an in-pharmacy computer system to connect to PharmaNet;

		<p><b>“terminal”</b> means any electronic device connected to a computer system, which allows input or display of information contained within that computer system.</p>
<p><b>Operation of PharmaNet</b></p>		
<p><a href="#">20</a> <a href="#">30</a> .</p>	<p>(1)</p>	<p><u>A pharmacy licensed pursuant to Section 10(1)(a), (b), (c), (d), (g) and (h) pharmacy</u> must connect to <u>the PharmaNet System</u> and be equipped with the following:</p> <p>(a) an in-pharmacy computer system which meets the requirements set out in the current PharmaNet Professional and Software Compliance Standards;</p> <p>(b) a terminal that is capable of accessing and displaying patient records, located in an area of the pharmacy which</p> <p>(i) is only accessible to registrants and pharmacy assistants,</p> <p>(ii) is under the direct supervision of a registrant, and</p> <p><u>(iii) does not allow information to be visible to the public, unless intended to display information to a specific patient;</u></p> <p>(c) the computer software upgrades necessary to comply with changes to the PharmaNet Professional and Software Compliance Standards.</p>
	<p>(2)</p>	<p><u>If a pharmacy licensed pursuant to Section 10(1)(e) (f) or (i) connects to the PharmaNet system it must comply with subsections (a) to (c).</u></p>
<p><b>Data Collection, Transmission of and Access to PharmaNet Data</b></p>		
<p><a href="#">24</a> <a href="#">31</a> .</p>	<p>(1)</p>	<p>A registrant must enter the prescription information and transmit it to PharmaNet at the time of dispensing and keep the PharmaNet patient record current.</p>
	<p>(2)</p>	<p>A registrant may collect and transmit patient record information to PharmaNet or access a patient's PharmaNet record only</p> <p>(a) to dispense a drug,</p> <p>(b) to provide patient consultation, <del>or</del></p> <p><u>(c) to evaluate a patient's drug usage, or -</u></p> <p><del>(c)(d)</del> <u>to create a medication management plan.</u></p>
	<p>(3)</p>	<p>A registrant may collect and transmit patient record information to PharmaNet or access a patient's PharmaNet record only for the purposes of claims adjudication and payment by an insurer.</p>

	(4)	A registrant must revise information in the PharmaNet database pertaining to corrected billings for prescriptions billed to the patient or a payment agency other than PharmaCare and record the reason for the revision within 90 days of the original entry on PharmaNet.
	(5)	A registrant must reverse information in the PharmaNet database, for any drug that is not released to the patient or the patient's representative, and record the reason for the reversal no later than 30 days from the date of the original entry of the prescription information in PharmaNet.
	(6)	If a registrant is unable to comply with the deadlines in subsections (4) or (5), he or she must provide the information required to make the correction to the college as soon as possible thereafter.
	(7)	At the request of the patient, a registrant must establish, delete or change the patient keyword.
	(8)	Where a patient or patient's representative requests an alteration to be made to the PharmaNet information, the registrant must <ul style="list-style-type: none"> <li>(a) correct the information, or</li> <li>(b) if the registrant refuses to alter the information, he or she must inform the person requesting the change of his or her right to request correction under the <i>Personal Information Protection Act</i>.</li> </ul>
<b>Confidentiality</b>		
<a href="#">22</a> <a href="#">32</a> .		A registrant must take reasonable steps to confirm the identity of a patient, patient's representative, registrant or practitioner before providing any pharmacy service, including but not limited to <ul style="list-style-type: none"> <li>(a) establishing a patient record,</li> <li>(b) updating a patient's clinical information,</li> <li>(c) providing a printout of an in-pharmacy or requesting a PharmaNet patient record,</li> <li>(d) establishing, deleting, or changing a patient keyword,</li> <li>(e) viewing a patient record,</li> <li>(f) answering questions regarding the existence and content of a patient record,</li> <li>(g) correcting information, and</li> <li>(h) disclosing relevant patient record information to another registrant for the purpose of dispensing a drug or device, and/or for the purpose of monitoring drug use.</li> </ul>

<b><u>Electronic Prescription</u></b>		
<u>33.</u>	<u>(1)</u>	<u>A registrant may dispense an electronic prescription only in accordance with these bylaws.</u>
<b><u>PART X – Marketing and Advertising</u></b>		
<u>Definitions</u>		
<u>34.</u>		<p><u>In this Part:</u></p> <p><u>"advertisement" means the use of space or time in a public medium, or the use of a commercial publication such as a brochure or handbill, to communicate with the general public, or a segment thereof, for the purpose of promoting professional services or enhancing the image of the advertiser;</u></p> <p><u>"marketing" includes</u></p> <p><u>(a) an advertisement,</u></p> <p><u>(b) any publication or communication in any medium with any patient, prospective patient or the public generally in the nature of an advertisement, promotional activity or material, a listing in a directory, a public appearance or any other means by which professional services are promoted, and</u></p> <p><u>(c) contact with a prospective client initiated by or under the direction of a registrant.</u></p>
<u>Marketing and Advertising</u>		
<u>35.</u>	<u>(1)</u>	<u>When advertising pharmacy services that are required by legislation, the statement, "Required in all British Columbia Pharmacies", must accompany the advertising and must be of the same size and prominence as all other print in the advertising.</u>
	<u>(2)</u>	<p><u>Schedule I drug price advertising is restricted to</u></p> <p><u>(a) the proprietary (brand) name, if any, for the drug and/or the device,</u></p> <p><u>(b) the drug product's generic name and the manufacturer's name,</u></p> <p><u>(c) the dosage form and strength,</u></p> <p><u>(d) total price for a specific number of dosage units or quantity of the drug product, and</u></p> <p><u>(e) the phrase "only available by prescription".</u></p>
	<u>(3)</u>	<u>Where Schedule I drug price advertising includes direct or indirect reference to a professional fee charged, the total prescription price must also be incorporated into the advertisement, and both figures must be featured equally.</u>

	<p><u>(4) Schedule I drug price advertising must not include any reference to the safety, effectiveness or indications for use of the advertised prescription drug products or compare the fees charged by the registrant with those charged by another registrant.</u></p>
	<p><u>(5) Any marketing undertaken or authorized by a registrant in respect of his or her professional services must not be</u></p> <p><u>(a) false,</u></p> <p><u>(b) inaccurate,</u></p> <p><u>(c) reasonably expected to mislead the public, or unverifiable.</u></p>
	<p><u>(6) Marketing violates subsection (5) if it</u></p> <p><u>(a) is calculated or likely to take advantage of the weakened state, either physical, mental or emotional, of the recipient or intended recipient,</u></p> <p><u>(b) is likely to create in the mind of the recipient or intended recipient an unjustified expectation about the results which the registrant can achieve,</u></p> <p><u>(c) implies that the registrant can obtain results</u></p> <p><u>(i) not achievable by other registrants,</u></p> <p><u>(ii) by improperly influencing a public body or official, or any corporation, agency or person having any interest in the welfare of the recipient,</u></p> <p><u>(iii) by any other improper means, or</u></p> <p><u>(iv) compares the quality of services provided with those provided by another registrant, or a person authorized to provide health care services under another enactment, or another health profession.</u></p>
	<p><u>(7) The home page of any pharmacy that advertises on a website must clearly show</u></p> <p><u>(a) the pharmacy licence number issued by the college,</u></p> <p><u>(b) the contact information for the college,</u></p> <p><u>(c) a notice to patients that pharmacy practice issues may be reported to the college,</u></p> <p><u>(d) the internet pharmacy name,</u></p> <p><u>(e) the community pharmacy name where the internet pharmacy is physically located</u></p> <p><u>(f) the physical location of the internet pharmacy operation and street address of the community pharmacy,</u></p> <p><u>(g) the pharmacy telephone number, and</u></p>



		<u>(h) the name of the pharmacy's manager.</u>
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**College of Pharmacists of B.C.**  
**FEE SCHEDULE**  
**PODSA Bylaw "Schedule A"**

**PHARMACY**

**LICENSURE FEES**

Community Pharmacy	Annual licence fee.	\$ 1,181.25
Hospital Pharmacy	Annual licence fee.	\$ 1,181.25
Education Site	Annual licence fee.	\$ 315.00
Telepharmacy	Annual fee for each site receiving service, to be charged to Pharmacy providing service.	\$ 210.00
Hospital Pharmacy Satellite	Annual fee for each satellite site, to be charged to Hospital Pharmacy.	\$ 210.00
Hospital Pharmacy Remote Site	Annual fee for each remote site, to be charged to Hospital Pharmacy.	\$ 100.00
Mail Order Pharmacy	Annual fee for each site receiving service, to be charged to Pharmacy providing service.	\$ 210.00
Non-Dispensing Pharmacy	Annual licence fee.	\$ 1,181.25
Application for New Pharmacy - Community/Hospital	Application valid for up to one year.	\$ 525.00
Application for New Pharmacy - Education Site	Application valid for up to one year.	\$ 525.00
Application for New Pharmacy - Telepharmacy	Application valid for up to one year, for each site receiving service.	\$ 525.00
Application for New Pharmacy - Hospital Pharmacy Satellite	Application valid for up to one year, for each satellite site.	\$ 525.00
Application for New Pharmacy - Hospital Pharmacy Remote Site	Application valid for up to one year, for each site receiving service.	\$ 525.00
Application for New Pharmacy - Mail Order Pharmacy	Application valid for up to one year.	\$ 525.00
Application for New Pharmacy - Non-Dispensing Pharmacy	Application valid for up to one year.	\$ 525.00

**LICENSE REPLACEMENT & OTHER FEES**

Change of Ownership		\$ 1,181.25
Change of Director		\$ 157.50
Change of Operating Name		\$ 157.50
Change of Corporate Name		\$ 157.50
Change of Manager		\$ 105.00
Relocation/Renovation		\$ 525.00
Late licensure renewal		\$ 131.25
Follow-up inspection(s)	In addition to actual travelling and other expenses incurred.	\$ 525.00

**NOTES:**

- 1) Fees are non-refundable.
- 2) Fees are subject to the Current Sales Tax.
- 3) Annual renewal notices of pharmacy licensure are sent at least thirty (30) days prior to the expiry date.



# APPLICATION FOR NEW PHARMACY

## Community

### APPLICANT INFORMATION

- Corporation  Sole proprietor / Partnership

Cert. of Incorporation # \_\_\_\_\_ Incorporation Date \_\_\_\_\_

Company name \_\_\_\_\_

Address \_\_\_\_\_ Tel \_\_\_\_\_

\_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Postal code

<u>Director *</u>	<u>Pharmacist</u>	<u>Director *</u>	<u>Pharmacist</u>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>

\* Majority must be BC registered pharmacists

### PROPOSED PHARMACY INFORMATION

Operating name \_\_\_\_\_

Address \_\_\_\_\_ Tel \_\_\_\_\_

\_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_ Manager \_\_\_\_\_

Postal code

Opening date \_\_\_\_\_ Contact \* \_\_\_\_\_

Software Vendor \_\_\_\_\_ Tel \* \_\_\_\_\_

Fax \* \_\_\_\_\_

\* Only if manager not available before opening

Will you be providing services for the following?  
(If so, please complete the additional appropriate forms and submit together with this application.)

- Telepharmacy  Mail Order

### PAYMENT OPTION

- Cheque/Money order (payable to College of Pharmacists of BC)

- VISA  MasterCard

Card # \_\_\_\_\_ Exp \_\_\_\_ / \_\_\_\_

Cardholder name \_\_\_\_\_

Cardholder signature \_\_\_\_\_

Application Fee	525.00
Initial Licence Fee	1,181.25
HST	204.75
<b>Total</b>	<b><u>\$1,911.00</u></b>
<small>HST # R106953920</small>	

**All fees are non-refundable and subject to HST.**  
**Application and initial license fees due at time of application. Initial license fee is valid for one year from date of application approval.**

*I attest that:*

- The Pharmacy is in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
- I have read and understood the Pharmacy Licensure in British Columbia – Information Guide and Resources package.
- I will maintain a valid business licence for the duration of the pharmacy licence.

\_\_\_\_\_ Name (please print)

\_\_\_\_\_ Signature

\_\_\_\_\_ Position (Owner/Director)

\_\_\_\_\_ Date



# APPLICATION FOR NEW PHARMACY

Community

## APPLICATION REQUIREMENT CHECKLIST

**Application must be received by the College Office at least 12 weeks prior to the proposed opening date.**

**The following must be submitted together with this application:**

- Diagram detailing the layout (see diagram requirement checklist below)
- Copy of the Certificate of Incorporation
- Copy of the certified Incorporation Application
- Copy of the certified Notice of Articles
- Telepharmacy Application Form (if applicable)
- Mail Order Application Form (if applicable)

**The following must be submitted at least 2 weeks prior to opening:**

- Acknowledgement of Completion of Confidentiality Form
- Pre-opening Inspection Report
- Copy of valid business license

## DIAGRAM REQUIREMENT CHECKLIST

**The following information must be included on the diagram:**

**scale: ¼ inch = 1 foot**

- Dispensary area size - minimum 15 m<sup>2</sup> (160 sq ft)
- Dispensary area counters - minimum 3 m<sup>2</sup> (30 sq ft)
- Storeroom space - minimum 4 m<sup>2</sup> (40 sq ft) of shelf space
- Location of the double stainless steel sink
- Location of the refrigerator
- Location and type of consultation area (semi-private or private)
- Drug storage cabinet and/or safe
- Type of security system
- Location of Professional Service Area or Schedule 2 items, if applicable
- Location of Professional Product Area or Schedule 3 items - visible and up to 7.6 m (25 ft) from dispensary, if applicable
- Location of "Medication Information" sign, if applicable

**The following information must be provided:**

- Description of how the professional service area is made visually distinctive or indicate location of Pharmacy signs:

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- Description of the method used to make the dispensary inaccessible to the public:

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# APPLICATION FOR NEW PHARMACY

Hospital

## APPLICANT INFORMATION

Hospital name \_\_\_\_\_  
 Address \_\_\_\_\_ Tel \_\_\_\_\_  
 \_\_\_\_\_ Fax \_\_\_\_\_  
 \_\_\_\_\_ Email \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Postal code \_\_\_\_\_

## PROPOSED PHARMACY INFORMATION

Operating name \_\_\_\_\_  
 Address \_\_\_\_\_ Tel \_\_\_\_\_  
 \_\_\_\_\_ Fax \_\_\_\_\_  
 \_\_\_\_\_ Postal code \_\_\_\_\_  
 Opening date \_\_\_\_\_ Contact\* \_\_\_\_\_  
 Software Vendor \_\_\_\_\_ Tel\* \_\_\_\_\_  
 Pharmacy Manager \_\_\_\_\_ Fax\* \_\_\_\_\_  
 \* Only if manager not available before opening

## PAYMENT OPTION

Cheque/Money order (payable to College of Pharmacists of BC)  
 VISA     MasterCard  
 Card # \_\_\_\_\_ Exp \_\_\_\_ / \_\_\_\_  
 Cardholder name \_\_\_\_\_  
 Cardholder signature \_\_\_\_\_

Application Fee	525.00
Initial Licence Fee	1,181.25
HST	204.75
<b>Total</b>	<b><u>\$1,911.00</u></b>
HST # R106953920	

All fees are non-refundable and subject to HST.

I attest that:

- The Pharmacy is in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position (Pharmacy Manager)

\_\_\_\_\_  
Date

# APPLICATION FOR NEW PHARMACY

Hospital

## PROPOSED PHARMACY SERVICES INFORMATION

### Will you be providing services for the following?

(If so, please complete the additional appropriate forms and submit together with this application.)

- Telepharmacy       Satellite       Remote Site

#### Associated Telepharmacy Site(s):

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_

#### Associated Satellite Site(s):

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_

#### Associated Hospital Pharmacy Remote Site(s):

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_

## APPLICATION REQUIREMENT CHECKLIST

**Application must be received by the College Office at least 12 weeks prior to the proposed opening date.**

### The following must be submitted together with this application:

- Diagram detailing the layout (see diagram requirement checklist below)
- Telepharmacy Application Form (if applicable)
- Satellite Application Form (if applicable)
- Remote Site Application Form (if applicable)

### The following must be submitted at least 2 weeks prior to opening:

- Acknowledgement of Completion of Confidentiality Form
- Pre-opening Inspection Report

## DIAGRAM REQUIREMENT CHECKLIST

### The following information must be included on the diagram:

**scale: ¼ inch = 1 foot**

- Location and type of consultation area (semi-private or private)
- Type of security system



# APPLICATION FOR NEW PHARMACY

Form 1C

Education Site

## APPLICANT INFORMATION

Corporation  Sole proprietor / Partnership  
 Cert. of Incorporation # \_\_\_\_\_ Incorporation Date \_\_\_\_\_

Company name \_\_\_\_\_  
 Address \_\_\_\_\_ Tel \_\_\_\_\_  
 \_\_\_\_\_ Fax \_\_\_\_\_  
 \_\_\_\_\_ Email \_\_\_\_\_  
Postal code

## PROPOSED PHARMACY INFORMATION

Institution name \_\_\_\_\_  
 Address \_\_\_\_\_ Tel \_\_\_\_\_  
 \_\_\_\_\_ Fax \_\_\_\_\_  
 \_\_\_\_\_ Manager \_\_\_\_\_  
Postal code  
 Opening date \_\_\_\_\_ Contact<sup>+</sup> \_\_\_\_\_  
 \_\_\_\_\_ Tel<sup>+</sup> \_\_\_\_\_  
 \_\_\_\_\_ Fax<sup>+</sup> \_\_\_\_\_  
<sup>+</sup> Only if manager not available before opening

## PAYMENT OPTION

Cheque/Money order *(payable to College of Pharmacists of BC)*  
 VISA  MasterCard  
 Card # \_\_\_\_\_ Exp \_\_\_\_ / \_\_\_\_  
 Cardholder name \_\_\_\_\_  
 Cardholder signature \_\_\_\_\_

Application Fee	525.00
Initial License Fee	315.00
HST	100.80
<b>Total</b>	<b><u>\$940.80</u></b>
HST # R106953920	

**All fees are non-refundable and subject to HST.**

I attest that:

The Pharmacy is in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position (Owner/Director)

\_\_\_\_\_  
Date



# APPLICATION FOR NEW PHARMACY

Form 1D

Page 1 of 2

## TELEPHARMACY SERVICES

### APPLICANT INFORMATION

Company name \_\_\_\_\_

Central pharmacy \_\_\_\_\_

Pharmacy manager \_\_\_\_\_

Address \_\_\_\_\_ Tel \_\_\_\_\_

\_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Postal code

### PROPOSED REMOTE SITE

Operating name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postal code

Tel \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Hours of operation for Telepharmacy \_\_\_\_\_

\_\_\_\_\_

### PAYMENT OPTION

Cheque/Money order *(payable to College of Pharmacists of BC)*

VISA                      MasterCard

Card # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_

Cardholder name \_\_\_\_\_

Cardholder signature \_\_\_\_\_

Application Fee	525.00
License Fee	210.00
HST	<u>88.20</u>
<b>Total</b>	<b><u>\$823.20</u></b>

I attest that:

- The Pharmacy is in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
- I have read and understood the Pharmacy Licensure in British Columbia – Information Guide and Resources package.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position (Owner/Director)

\_\_\_\_\_  
Date





## APPLICATION FOR NEW PHARMACY

Form 1D

Page 2 of 2

### TELEPHARMACY SERVICES

#### APPLICATION REQUIREMENT CHECKLIST

**Application must be received by the College Office at least 12 weeks prior to the planned operation of telepharmacy.**

**Application must be approved PRIOR to commencement of telepharmacy services.**

**The following must be submitted together with this application:**

- Diagram detailing the layout of the telepharmacy services at the remote site
- Copy of final Policy and Procedure Manual which outlines specific telepharmacy operations (see template on College website at [www.bcpharmacists.org](http://www.bcpharmacists.org))

PharmaNet Connection for both sites?  Yes  No

**The following must be submitted at lesast 2 weeks prior to opening:**

- Pre-opening Inspection Report

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# APPLICATION FOR NEW PHARMACY

## SATELLITE SERVICES

### APPLICANT INFORMATION

Company name \_\_\_\_\_

Central pharmacy \_\_\_\_\_

Pharmacy manager \_\_\_\_\_

Address \_\_\_\_\_ Tel \_\_\_\_\_

\_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Postal code

### PROPOSED REMOTE SITE

Remote Site \_\_\_\_\_  
Name of pharmacy

Address \_\_\_\_\_

\_\_\_\_\_ Postal code

Tel \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Hours of operation for Satellite \_\_\_\_\_

\_\_\_\_\_

### PAYMENT OPTION

Cheque/Money order (payable to College of Pharmacists of BC)

VISA       MasterCard

Card # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_

Cardholder name \_\_\_\_\_

Cardholder signature \_\_\_\_\_

Application Fee	525.00
License Fee	210.00
HST	88.20
<b>Total</b>	<b><u>\$823.20</u></b>
<small>HST # R106953920</small>	

**All fees are non-refundable and subject to HST.**

I attest that:

The Pharmacy is in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.

I have read and understood the Pharmacy Licensure in British Columbia – Information Guide and Resources package.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position (Pharmacy Manager)

\_\_\_\_\_  
Date



## APPLICATION FOR NEW PHARMACY

Form 1E

Page 2 of 2

### SATELLITE SERVICES

#### APPLICATION REQUIREMENT CHECKLIST

**Application must be received by the College Office at least 12 weeks prior to the planned operation of hospital satellite.**

**Application must be approved PRIOR to commencement of hospital satellite service.**

**The following must be submitted together with this application:**

- Diagram detailing the layout of the hospital satellite services at the remote site
- Copy of final Policy and Procedure Manual which outlines specific satellite operations (see template on College website at [www.bcpharmacists.org](http://www.bcpharmacists.org))

DRAFT



# APPLICATION FOR NEW PHARMACY

## SATELLITE SERVICES

### APPLICANT INFORMATION

Company name \_\_\_\_\_

Central pharmacy \_\_\_\_\_

Pharmacy manager \_\_\_\_\_

Address \_\_\_\_\_ Tel \_\_\_\_\_

\_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Postal code

### PROPOSED REMOTE SITE

Remote Site \_\_\_\_\_  
Name of pharmacy

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postal code

Tel \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Hours of operation for Satellite \_\_\_\_\_

\_\_\_\_\_

### PAYMENT OPTION

Cheque/Money order (payable to College of Pharmacists of BC)

VISA       MasterCard

Card # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_

Cardholder name \_\_\_\_\_

Cardholder signature \_\_\_\_\_

Application Fee	525.00
License Fee	210.00
HST	88.20
<b>Total</b>	<b><u>\$823.20</u></b>
<small>HST # R106953920</small>	

**All fees are non-refundable and subject to HST.**

I attest that:

- The Pharmacy is in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
- I have read and understood the Pharmacy Licensure in British Columbia – Information Guide and Resources package.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position (Pharmacy Manager)

\_\_\_\_\_  
Date



## APPLICATION FOR NEW PHARMACY

Form 1E

Page 2 of 2

### SATELLITE SERVICES

#### APPLICATION REQUIREMENT CHECKLIST

**Application must be received by the College Office at least 12 weeks prior to the planned operation of hospital satellite.**

**Application must be approved PRIOR to commencement of hospital satellite service.**

**The following must be submitted together with this application:**

- Diagram detailing the layout of the hospital satellite services at the remote site
- Copy of final Policy and Procedure Manual which outlines specific satellite operations (see template on College website at [www.bcpharmacists.org](http://www.bcpharmacists.org))

DRAFT



# APPLICATION FOR NEW PHARMACY

## REMOTE SITE SERVICES

### APPLICANT INFORMATION

Company name \_\_\_\_\_

Central pharmacy \_\_\_\_\_

Pharmacy manager \_\_\_\_\_

Address \_\_\_\_\_ Tel \_\_\_\_\_

\_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Postal code

### PROPOSED REMOTE SITE

Remote Site \_\_\_\_\_  
Name of pharmacy

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postal code

Tel \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Hours of operation for Remote Site \_\_\_\_\_

\_\_\_\_\_

### PAYMENT OPTION

Cheque/Money order *(payable to College of Pharmacists of BC)*

VISA       MasterCard

Card # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_

Cardholder name \_\_\_\_\_

Cardholder signature \_\_\_\_\_

Application Fee	525.00
License Fee	210.00
HST	88.20
<b>Total</b>	<b><u>\$823.20</u></b>

HST # R106953920

**All fees are non-refundable and subject to HST.**

I attest that:

The Pharmacy is in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.

I have read and understood the Pharmacy Licensure in British Columbia – Information Guide and Resources package.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position (Pharmacy Manager)

\_\_\_\_\_  
Date



## APPLICATION FOR NEW PHARMACY

Form 1F

Page 2 of 2

### REMOTE SITE SERVICES

#### APPLICATION REQUIREMENT CHECKLIST

**Application must be received by the College Office at least 12 weeks prior to the planned operation of hospital remote site.**

**Application must be approved PRIOR to commencement of hospital remote site service.**

**The following must be submitted together with this application:**

- Diagram detailing the layout of the hospital remote site services
- Copy of final Policy and Procedure Manual which outlines specific remote site operations (see template on College website at [www.bcpharmacists.org](http://www.bcpharmacists.org))

DRAFT



# APPLICATION FOR NEW PHARMACY

Mail Order

## APPLICANT INFORMATION

- Corporation  Sole proprietor / Partnership

Cert. of Incorporation # \_\_\_\_\_ Incorporation Date \_\_\_\_\_

Company name \_\_\_\_\_

Address \_\_\_\_\_ Tel \_\_\_\_\_

\_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Postal code \_\_\_\_\_

<u>Director *</u>	<u>Pharmacist</u>	<u>Director *</u>	<u>Pharmacist</u>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>

\* Majority must be BC registered pharmacists

## PROPOSED PHARMACY INFORMATION

Operating name \_\_\_\_\_

Address \_\_\_\_\_ Tel \_\_\_\_\_

\_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_ Manager \_\_\_\_\_

Postal code \_\_\_\_\_

Opening date \_\_\_\_\_ Contact \* \_\_\_\_\_

Software Vendor \_\_\_\_\_ Tel \* \_\_\_\_\_

Fax \* \_\_\_\_\_

\* Only if manager not available before opening

## PAYMENT OPTION

- Cheque/Money order (payable to College of Pharmacists of BC)

- VISA  MasterCard

Card # \_\_\_\_\_ Exp \_\_\_\_ / \_\_\_\_

Cardholder name \_\_\_\_\_

Cardholder signature \_\_\_\_\_

Application Fee	525.00
Initial Licence Fee	1,181.25
HST	204.75
<b>Total</b>	<b><u>\$1,911.00</u></b>

HST # R106953920

All fees are non-refundable and subject to HST.

I attest that:

- The Pharmacy is in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
- I have read and understood the Pharmacy Licensure in British Columbia – Information Guide and Resources package.
- I will maintain a valid business licence for the duration of the pharmacy licence.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position (Owner/Director)

\_\_\_\_\_  
Date





## APPLICATION FOR NEW PHARMACY

Mail Order

Form 1G

Page 2 of 2

### APPLICATION REQUIREMENT CHECKLIST

**Application must be received by the College Office at least 12 weeks prior to the planned operation of mail order pharmacy.**

**Application must be approved PRIOR to commencement of mail order services.**

**The following must be submitted together with this application:**

- Diagram detailing the layout of the mail order services
- Copy of the Certificate of Incorporation
- Copy of the certified Incorporation Application
- Copy of the certified Notice of Articles
- Copy of final Policy and Procedure Manual which outlines specific mail order operations (see template on College website at [www.bcparmacists.org](http://www.bcparmacists.org))
- Method of delivery of drug or device to the patient
- Outsourced prescription processing organization (if applicable)
- Website domain name

PharmaNet Connection for both sites?  Yes  No

**The following must be submitted at least 2 weeks prior to opening:**

- Acknowledgement of Completion of Confidentiality Form
- Pre-opening Inspection Report
- Copy of valid business license

### DIAGRAM REQUIREMENT CHECKLIST

**The following information must be included on the diagram:**

***scale: ¼ inch = 1 foot***

- Storeroom space - minimum 4 m<sup>2</sup> (40 sq ft) of shelf space
- Location and type of consultation area (semi-private or private)
- Type of security system



# APPLICATION FOR NEW PHARMACY

Non-Dispensing

## APPLICANT INFORMATION

- Corporation  Sole proprietor / Partnership

Cert. of Incorporation # \_\_\_\_\_ Incorporation Date \_\_\_\_\_

Company name \_\_\_\_\_

Address \_\_\_\_\_ Tel \_\_\_\_\_

\_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Postal code \_\_\_\_\_

<u>Director *</u>	<u>Pharmacist</u>	<u>Director *</u>	<u>Pharmacist</u>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>

\* Majority must be BC registered pharmacists

## PROPOSED PHARMACY INFORMATION

Operating name \_\_\_\_\_

Address \_\_\_\_\_ Tel \_\_\_\_\_

\_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_ Manager \_\_\_\_\_

Postal code \_\_\_\_\_

Opening date \_\_\_\_\_ Contact \* \_\_\_\_\_

Software Vendor \_\_\_\_\_ Tel \* \_\_\_\_\_

Fax \* \_\_\_\_\_

\* Only if manager not available before opening

## PAYMENT OPTION

- Cheque/Money order (payable to College of Pharmacists of BC)

- VISA  MasterCard

Card # \_\_\_\_\_ Exp \_\_\_\_ / \_\_\_\_

Cardholder name \_\_\_\_\_

Cardholder signature \_\_\_\_\_

Application Fee	525.00
Initial Licence Fee	1,181.25
HST	204.75
<b>Total</b>	<b><u>\$1,911.00</u></b>

HST # R106953920

All fees are non-refundable and subject to HST.

I attest that:

- The Pharmacy is in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
- I have read and understood the Pharmacy Licensure in British Columbia – Information Guide and Resources package.
- I will maintain a valid business licence for the duration of the pharmacy licence.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position (Owner/Director)

\_\_\_\_\_  
Date



# APPLICATION FOR NEW PHARMACY

Non-Dispensing

## APPLICATION REQUIREMENT CHECKLIST

**Application must be received by the College Office at least 12 weeks prior to the proposed opening date.**

**The following must be submitted together with this application:**

- Diagram detailing the layout (see diagram requirement checklist below)
- Copy of the Certificate of Incorporation
- Copy of the certified Incorporation Application
- Copy of the certified Notice of Articles
- Copy of final Policy and Procedure Manual which outlines specific non-dispensing operations (see template on College website at [www.bcpharmacists.org](http://www.bcpharmacists.org))

PharmaNet Connection for both sites?  Yes  No

**The following must be submitted at least 2 weeks prior to opening:**

- Acknowledgement of Completion of Confidentiality Form
- Pre-opening Inspection Report
- Copy of valid business license

## DIAGRAM REQUIREMENT CHECKLIST

**The following information must be included on the diagram:**

**scale: 1/4 inch = 1 foot**

- Storeroom space - minimum 4 m<sup>2</sup> (40 sq ft) of shelf space
- Location and type of consultation area (semi-private or private)
- Type of security system



# APPLICATION FOR CHANGE OF OWNERSHIP

## PHARMACY INFORMATION

PharmaCare code \_\_\_\_\_

Operating name \_\_\_\_\_

Current owner \_\_\_\_\_

Current manager \_\_\_\_\_

Address \_\_\_\_\_ Tel \_\_\_\_\_

\_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Postal code

## PROPOSED CHANGES

New owner \_\_\_\_\_

New manager \_\_\_\_\_

Effective Date \_\_\_\_\_

**A copy of the Certificate of Incorporation, Incorporation Application, Notice of Articles, and a copy of a valid business licence must be submitted together with this application.**

## PAYMENT OPTION

Cheque/Money order *(payable to College of Pharmacists of BC)*

VISA     MasterCard

Card # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_

Cardholder name \_\_\_\_\_

Cardholder signature \_\_\_\_\_

Application Fee	157.50
License Fee	1,181.25
HST	160.65
<b>Total</b>	<b><u>\$1,499.40</u></b>
<small>HST # R106953920</small>	

**All fees are non-refundable and subject to HST.**

## I attest that:

- I attest that:
- The Pharmacy is in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
  - I have read and understood the Pharmacy Licensure in British Columbia – Information Guide and Resources package.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position (Owner/Director)

\_\_\_\_\_  
Date



# APPLICATION FOR CHANGE OF DIRECTORS

## PHARMACY INFORMATION

PharmaCare code \_\_\_\_\_

Operating name \_\_\_\_\_

Manager \_\_\_\_\_

Address \_\_\_\_\_ Tel \_\_\_\_\_

\_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ Postal code \_\_\_\_\_

## PROPOSED CHANGES

<u>Add</u>	<u>Remove</u>	<u>Directors Name</u>	<u>Req #</u>	<u>Non -pharmacists</u>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>

**Please provide a copy of the Notice of Change of Directors (FORM 10). Upon approval of this application, the existing license will no longer be valid. A new license with the updated information will be issued.**

## PAYMENT OPTION

Cheque/Money order *(payable to College of Pharmacists of BC)*

VISA       MasterCard

Card # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_

Cardholder name \_\_\_\_\_

Cardholder signature \_\_\_\_\_

Application Fee	157.50
HST	18.90
<b>Total</b>	<b>\$176.40</b>
HST # R106953920	

**All fees are non-refundable and subject to HST.**

## I attest that:

- The Pharmacy is in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
- I have read and understood the Pharmacy Licensure in British Columbia – Information Guide and Resources package.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position (Owner/Director)

\_\_\_\_\_  
Date



# APPLICATION FOR CHANGE OF CORPORATE NAME

## PHARMACY INFORMATION

PharmaCare code \_\_\_\_\_

Current corporate name \_\_\_\_\_

Manager \_\_\_\_\_

Address \_\_\_\_\_ Tel \_\_\_\_\_

\_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Postal code

## PROPOSED CHANGES

Proposed corporate name \_\_\_\_\_

Planned effective date \_\_\_\_\_

**Please provide a copy of the new Certificate of Incorporation. Upon approval of this application, the existing license will no longer be valid. A new license with the updated information will be issued.**

## PAYMENT OPTION

Cheque/Money order (payable to College of Pharmacists of BC)

VISA     MasterCard

Card # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_

Cardholder name \_\_\_\_\_

Cardholder signature \_\_\_\_\_

Application Fee	157.50
HST	18.90
<b>Total</b>	<b>\$176.40</b>
<small>HST # R106953920</small>	

**All fees are non-refundable and subject to HST.**

## I attest that:

- I attest that:
- The Pharmacy is in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
  - I have read and understood the Pharmacy Licensure in British Columbia – Information Guide and Resources package.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position (Owner/Director)

\_\_\_\_\_  
Date



# APPLICATION FOR CHANGE OF OPERATING NAME

## PHARMACY INFORMATION

PharmaCare code \_\_\_\_\_

Current operating name \_\_\_\_\_

Manager \_\_\_\_\_

Address \_\_\_\_\_ Tel \_\_\_\_\_  
 \_\_\_\_\_ Fax \_\_\_\_\_  
 \_\_\_\_\_ Email \_\_\_\_\_  
Postal code

## PROPOSED CHANGES

Proposed operating name \_\_\_\_\_

Planned effective date \_\_\_\_\_

**Upon approval of this application, the existing license will no longer be valid.  
 A new license with the updated information will be issued.**

## PAYMENT OPTION

Cheque/Money order (payable to College of Pharmacists of BC)

VISA     MasterCard

Card # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_

Cardholder name \_\_\_\_\_

Cardholder signature \_\_\_\_\_

Application Fee	157.50
HST	18.90
<b>Total</b>	<b>\$176.40</b>
<small>HST # R106953920</small>	

**All fees are non-refundable and subject to HST.**

I attest that:

- The Pharmacy is in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
- I have read and understood the Pharmacy Licensure in British Columbia – Information Guide and Resources package.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position (Owner/Director)

\_\_\_\_\_  
Date



# APPLICATION FOR CHANGE OF PHARMACY MANAGER

## PHARMACY INFORMATION

PharmaCare code \_\_\_\_\_

Operating name \_\_\_\_\_

Current manager name \_\_\_\_\_

Address \_\_\_\_\_ Tel \_\_\_\_\_

\_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Postal code

## PROPOSED CHANGES

Proposed manager name \_\_\_\_\_ Registration # \_\_\_\_\_

Planned effective date \_\_\_\_\_

**Upon approval of this application, the existing license will no longer be valid.  
A new license with the updated information will be issued.**

## PAYMENT OPTION

Cheque/Money order (payable to College of Pharmacists of BC)

VISA       VISA

Card # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_

Cardholder name \_\_\_\_\_

Cardholder signature \_\_\_\_\_

Application Fee	105.00
HST	12.60
<b>Total</b>	<b>\$117.60</b>
<small>HST # R106953920</small>	

*All fees are non-refundable and subject to HST.*

## I attest that:

- I attest that:
- The Pharmacy is in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
  - I have read and understood the Pharmacy Licensure in British Columbia – Information Guide and Resources package.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Owner/Director

\_\_\_\_\_  
Date





# APPLICATION FOR PHARMACY RELOCATION/RENOVATION

## PHARMACY INFORMATION

PharmaCare code \_\_\_\_\_

Operating name \_\_\_\_\_

Manager \_\_\_\_\_ Software vendor \_\_\_\_\_

Current Address \_\_\_\_\_ Tel \_\_\_\_\_

\_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ Postal code \_\_\_\_\_

## PROPOSED CHANGES

**Relocation**

Opening date \_\_\_\_\_

Relocate to \_\_\_\_\_

\_\_\_\_\_ Postal code \_\_\_\_\_

**Renovation**

Completion date \_\_\_\_\_

**Without** PharmaNet router move/disconnect

**With** PharmaNet router move/disconnect

Distance of router move \_\_\_\_\_

## PAYMENT OPTION

Cheque/Money order *(payable to College of Pharmacists of BC)*

VISA     MasterCard

Card # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_

Cardholder name \_\_\_\_\_

Cardholder signature \_\_\_\_\_

Application Fee	525.00
HST	63.00
<b>Total</b>	<b>\$588.00</b>
HST # R106953920	

*All fees are non-refundable and subject to HST.*

I attest that:

- The Pharmacy is in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Pharmacy Manager

\_\_\_\_\_  
Date



## APPLICATION FOR PHARMACY RELOCATION/RENOVATION

### APPLICATION REQUIREMENT

Application must be received by the College Office **at least 12 weeks** prior to the proposed opening date.

A diagram detailing the layout (see diagram requirement checklist below) must be submitted together with this application.

### DIAGRAM REQUIREMENT CHECKLIST

The following information must be included on the diagram:

*scale: 1/2 inch = 1 foot*

- Location and type of consultation area (semi-private or private)
- Type of security system

The following information must be provided:

- Description of the method used to make the Pharmacy inaccessible to the public:

---

# PHARMACY CLOSURE

Please take every precaution to ensure that all Schedule I, II and III drugs and the prescriptions and patient records in your care are transferred to another pharmacy under conditions of utmost security. Inventories of Schedule I, II and III drugs may be sold to another pharmacy or returned to a drug wholesaler and are not to be left in an unlicensed premises, such as retail establishments or private residence.

Please arrange for the transfer of your patient medication and prescription records to another pharmacy in your local area to ensure patients will have reasonable access to their pre-authorized prescription refills and patient identified materials.

It is important to record your closing inventory of narcotics, controlled drugs and benzodiazepines. The record should be complete, including nonprescription narcotic-containing products such as Frosst 222's, Tylenol No. 1 and Benylin with Codeine. The record of the inventory should be prepared in quadruplicate and signed by yourself and the manager of the pharmacy receiving the inventory. Please send the original copy to:

Compliance, Monitoring and Liaison Division  
Office of Controlled Substances  
Drug Strategy and Controlled Substances Program  
Health Canada  
Address Locator: 3502B  
Ottawa, Ontario K1A 1B9

Telephone: 613-954-1541 (for clarification purposes only)  
Facsimile: 613-957-0110

The second copy should be sent to the purchaser and the third to the College of Pharmacists. The fourth copy is retained by you for your own records.

This closing inventory of narcotics, controlled drugs and benzodiazepines is important for both the closing pharmacy and the purchaser as a physical record to ensure both pharmacists are protected with documentation regarding the inventory transferred as of that particular date. The final audit of inventory on hand as of that date with the purchaser's signature acknowledges that those quantities of narcotic, controlled drugs and benzodiazepines were received from you and entered into his/her inventory.

If the premises you are vacating are no longer to be used as a pharmacy, all references to "pharmacies, drug stores, drugs, etc." must be removed from internal and external signs.

*Our Mission: To protect the public by ensuring that College registrants provide safe and effective pharmacy care to help people achieve better health.*

# PHARMACY CLOSURE APPLICATION

PHARMACY INFORMATION	
Pharmacy Name	PharmaCare Code
Manager's Name	
Date of Pharmacy closure	
Address	
City	Postal Code
Telephone	Facsimile

## NARCOTICS, CONTROLLED DRUGS AND BENZODIAZEPINES

Please attach a copy of the complete inventory on hand on the closure date, signed by both managers of closing and receiving pharmacies. Send the original to Compliance, Monitoring and Liaison Division Office of Controlled Substances (see attached sheet for address information).

## INVENTORY / PRESCRIPTION AND PATIENT RECORDS

Below, please list the name and address information of the pharmacy to which the following were sent:

Narcotics, controlled drugs and benzodiazepines, Balance of Schedule I, II and III drugs, Prescription and patient medication records

ABOVE SENT TO (If more than one pharmacy is involved, please attach a list.)	
Receiving Pharmacy Name	PharmaCare Code
Address	
City	Postal Code
Telephone	Facsimile

## CONFIRMATION OF RECEIPT OF ABOVE NOTED ITEMS:

\_\_\_\_\_  
Receiving pharmacy manager's name (please print)

\_\_\_\_\_  
Receiving pharmacy manager's signature

## CERTIFICATION OF CLOSING PHARMACY MANAGER

- All information has been posted in a prominent location, easily visible from the exterior of the building, to identify the pharmacy now in possession of the prescription and patient records.
- A notice has been posted in a prominent location, easily visible from the exterior of the building, to identify the pharmacy now in possession of the prescription and patient records.
- All exterior and interior signs using in any form, combination or manner, the words "pharmacy, drug store, drug department, drugs, medicines, drug sundries, druggist, apothecary or chemist" have been completely obliterated or removed from the premises.

\_\_\_\_\_  
Closing pharmacy manager's name (please print)

\_\_\_\_\_  
Closing pharmacy manager's signature

Date \_\_\_\_\_

Return to: Attention: Elsie Farkas Administrative Assistant – Pharmacy Services  
College of Pharmacists of British Columbia  
#200 – 1765 West 8<sup>th</sup> Avenue, Vancouver, BC V6J 5C6  
Fax: 604.733.2493 or 1.800.377.8129



## COMMUNITY PHARMACY LICENCE RENEWAL NOTICE

August 31, 2012

Dear Pharmacy Manager:

### Pharmacy Licensure Expiry: 07/31/2013

Enclosed please find your Pharmacy Licence Renewal Notice. Note that all fields of information are mandatory. Terms of a pharmacy licence renewal can be found in the Pharmacy Operations and Drug Scheduling Act (PODSA), section 3. If the telepharmacy or mail order services are provided, please list details on the following pages.

The package must be completed, signed and returned with payment and a copy of the pharmacy's valid business licence. If the College does not receive your **completed** renewal package **on or before** your licence expiry date, your pharmacy must remain closed until the College confirms reinstatement of your pharmacy licence. Terms of reinstatement of your pharmacy licence can be found in PODSA, section 4. Please note that it is a contravention of the Pharmacy Operations and Drug Scheduling Act to operate an unlicensed pharmacy.

If you have any questions or comments, please feel free to contact:

Doris Wong  
Administrative Assistant – Renewals & Records  
(604) 676-4224 or [doris.wong@bcpharmacists.org](mailto:doris.wong@bcpharmacists.org)

Yours truly,

Bob Nakagawa, BSc Pharm, FCSHP  
Registrar



# COMMUNITY PHARMACY LICENCE RENEWAL NOTICE

Form 2A

Page 1

ID #	[REDACTED]
Pharmacare #	[REDACTED]
Current licence expires	<b>July 31, 2013</b>

## PHARMACY

(er)

Tel: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

## OWNER

**Name of Owner**  
 (Corporation or Sole Proprietor) [REDACTED]

**Corporate Director(s)**  
 (Pharmacist)

*If yes, a copy of Notice of Articles / Notice of Directors must be provided with a Change of*

## PAYMENT ADVICE

	FEE	TAX	TOTAL	
<b>Pharmacy licence fee</b>	\$1,181.25	+\$141.75	= \$141.75	<b>\$ 141.75</b>
<b>Telepharmacy Services (if provided - please list)</b>				
<b>Additional Telepharmacy Services (if provided - please list)</b>				
Annual fee for telepharmacy services	\$210.00	+	\$25.20 =	\$235.20
				X _____ = \$ _____
Annual fee for mail order services	\$210.00	+	\$25.20 =	\$235.20
				X _____ = \$ _____
<b>Payment option</b>				<b>Total payment</b> \$ [REDACTED]
<input type="checkbox"/> Cheque/Money order (payable to College of Pharmacists of BC)				
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard				
Card # _____	Exp _____		/ _____	
Cardholder name _____				
Cardholder signature _____				

HST # R106953920

Please return this notice with payment and update information as needed. over >>>



**COMMUNITY PHARMACY LICENCE RENEWAL NOTICE**

ID # [REDACTED]  
 Pharmicare # [REDACTED]  
 Current licence expires **July 31, 2013**

**STAFF PHARMACISTS**

**Confirm if the following are still employed at this pharmacy by checking one of the checkboxes**

Current employee?	Name	Reg #	Status	Renewed To
<input type="checkbox"/> Yes <input type="checkbox"/> No	[REDACTED]	[REDACTED]	Permanent	May 31, 2013

**DRAFT**

**Add Pharmacists not listed above in the following table. Attach additional sheet if necessary**

Name	Reg #	Permanent	Casual	Temporary	Self-employed

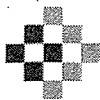
**HOURS**

Please confirm or correct the pharmacy operating hours noted below or if blank - please provide.

**Operating hours:**

**Lock & Leave hours:**

I confirm the hours are correct as noted



# COMMUNITY PHARMACY LICENCE RENEWAL NOTICE

## UPDATE OF PHARMACY SERVICES INFORMATION

Indicate pharmacy services provided

ID #	[REDACTED]
Pharmacare #	[REDACTED]
Current licence expires	July 31, 2013

- 1. Adapting Prescription Services  Yes  No
- 2. Central Fill or Outsourced Pharmacy Services  Yes  No
- 3. Compliance Packaging Services  Yes  No
- 4. Injection Administration Services  Yes  No
- 5. Internet Services  Yes  No

List website address(es) that advertise any aspect of your pharmacy (attach separate sheet of paper as necessary).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 6. Opiate Dependent Services
  - Methadone  Yes  No
  - Methadone delivery  Yes  No
  - Buprenorphine/naloxone  Yes  No

- 7. Residential Care Services  Yes  No

Facilities - Number of facilities serviced \_\_\_\_\_

Group Homes - Number of group homes serviced \_\_\_\_\_

- 8. Specialized Clinical Services  Yes  No

List the specialized clinical services you provide (eg. INR monitoring, BMD testing). (Attach separate sheet of paper as necessary).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 9. Specialized Compounding Services  Yes  No

- 10. Sterile Compounding Services  Yes  No

Specify the Sterile Product Standards used \_\_\_\_\_

\_\_\_\_\_

- 11. Telepharmacy Services  Yes  No

List the pharmacies you provide services to \_\_\_\_\_

List the pharmacies you receive services from \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

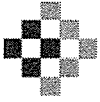
Please check the box below:

- I attest that:
  - The Pharmacy is in compliance with the Health Professions Act (HPA), the Pharmacy Operations and Drug Scheduling Act (PODSA), the Pharmacist Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
  - The Pharmacy is in compliance with the College of Pharmacists of British Columbia Board Professional Practice Policies.
  - I understand my obligations as described in Part I of the PODSA bylaws: "Responsibilities of the Pharmacy Managers, Owners and Directors."
- I declare the facts set out herein to be true.

\_\_\_\_\_  
Date Signature (Pharmacy Manager) Print Name (Pharmacy Manager)

Please return this notice with payment and update information as needed.





## COMMUNITY PHARMACY LICENCE RENEWAL NOTICE

September 06, 2012

Dear Pharmacy Manager:

### Pharmacy Licensure Expiry:07/31/2013

Enclosed please find your Pharmacy Licence Renewal Notice. Note that all fields of information are mandatory. Terms of a pharmacy licence renewal can be found in the Pharmacy Operations and Drug Scheduling Act (PODSA), section 3. If the telepharmacy or mail order services are provided, please list details on the following pages.

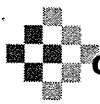
The package must be completed, signed and returned with payment and a copy of the pharmacy's valid business licence. If the College does not receive your **completed** renewal package **on or before** your licence expiry date, your pharmacy must remain closed until the College confirms reinstatement of your pharmacy licence. Terms of reinstatement of your pharmacy licence can be found in PODSA, section 4. Please note that it is a contravention of the Pharmacy Operations and Drug Scheduling Act to operate an unlicensed pharmacy.

If you have any questions or comments, please feel free to contact:

Doris Wong  
Administrative Assistant – Renewals & Records  
(604) 676-4224 or [doris.wong@bcpharmacists.org](mailto:doris.wong@bcpharmacists.org)

Yours truly,

Bob Nakagawa, BSc Pharm, FCSHP  
Registrar



# COMMUNITY PHARMACY LICENCE RENEWAL NOTICE

Form 2A

Page 1

ID #	[REDACTED]
Pharmacare #	[REDACTED]
Current licence expires	<b>July 31, 2012</b>

## PHARMACY

--	--	--

## OWNER

COLSHAN HOLDINGS LTD.

(Pharmacist)

*Has there been a change of directors? If yes, a copy of Notice of Articles / Notice of Directors must be provided with a Change of Directors Application.*

## PAYMENT ADVICE

	FEE	TAX	TOTAL		
<b>Pharmacy licence fee</b>	\$1,181.25	+ \$141.75 =	\$1,323.00	\$	\$1,323.00

### Telepharmacy Services (if provided - please list)

<b>Dual - Licensed Pharmacy That Participates in Telepharmacy Services (no extra charge)</b>					
[REDACTED]	Test Dual Telepharmacy			\$	0.00
<b>Receives Mail Order Services</b>					
[REDACTED]	TEST SATELLITE			\$	235.20
<b>Receives Telepharmacy Services</b>					
[REDACTED]	7	Test Telepharmacy		\$	235.20
[REDACTED]	[REDACTED]			\$	235.20

### Additional Telepharmacy Services (if provided - please list)

Annual fee for telepharmacy services	\$210.00	+	\$25.20	=	\$235.20	X	_____	=	\$	_____
Annual fee for mail order services	\$210.00	+	\$25.20	=	\$235.20	X	_____	=	\$	_____

### Payment option

- Cheque/Money order (payable to College of Pharmacists of BC)
- VISA                       MasterCard

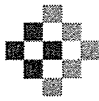
Card # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_

Cardholder name \_\_\_\_\_

Cardholder signature \_\_\_\_\_

**Total payment** \$  

HST # R106953920



# COMMUNITY PHARMACY LICENCE RENEWAL NOTICE

ID # [REDACTED]  
 Pharmicare # [REDACTED]  
 Current licence expires **July 31, 2012**

## STAFF PHARMACISTS

Confirm if the following are still employed at this pharmacy by checking one of the checkboxes

Current employee?	Name	Reg #	Status	Renewed To
<input type="checkbox"/> Yes <input type="checkbox"/> No		08971	F	
<input type="checkbox"/> Yes <input type="checkbox"/> No		07440	S	

DRAFT

Add Pharmacists not listed above in the following table. Attach additional sheet if necessary

Name	Reg #	Permanent	Casual	Temporary	Self-employed

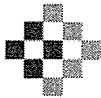
## HOURS

Please confirm or correct the pharmacy operating hours noted below or if blank - please provide.

**Operating hours:** MON-FRI 09.30-17.30  
 SAT 10.00-17.00  
 SUN & HOLS CLOSED

**Lock & Leave hours:**

I confirm the hours are correct as noted



# COMMUNITY PHARMACY LICENCE RENEWAL NOTICE

## UPDATE OF PHARMACY SERVICES INFORMATION

Indicate pharmacy services provided

ID #	[REDACTED]
Pharmacare #	[REDACTED]
Current licence expires	July 31, 2013

- 1. Adapting Prescription Services  Yes  No
- 2. Central Fill or Outsourced Pharmacy Services  Yes  No
- 3. Compliance Packaging Services  Yes  No
- 4. Injection Administration Services  Yes  No
- 5. Internet Services  Yes  No

List website address(es) that advertise any aspect of your pharmacy (attach separate sheet of paper as necessary).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 6. Opiate Dependent Services
  - Methadone  Yes  No
  - Methadone delivery  Yes  No
  - Buprenorphine/naloxone  Yes  No

- 7. Residential Care Services  Yes  No

**Facilities** - Number of facilities serviced \_\_\_\_\_  
**Group Homes** - Number of group homes serviced \_\_\_\_\_

- 8. Specialized Clinical Services  Yes  No

List the specialized clinical services you provide (eg. INR monitoring, BMD testing). (Attach separate sheet of paper as necessary).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 9. Specialized Compounding Services  Yes  No

- 10. Sterile Compounding Services  Yes  No

Specify the Sterile Product Standards used

\_\_\_\_\_

- 11. Telepharmacy Services  Yes  No

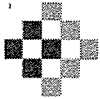
List the pharmacies you provide services to \_\_\_\_\_  
List the pharmacies you receive services from \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please check the box below:

- I attest that:
  - The Pharmacy is in compliance with the Health Professions Act (HPA), the Pharmacy Operations and Drug Scheduling Act (PODSA), the Pharmacist Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
  - The Pharmacy is in compliance with the College of Pharmacists of British Columbia Board Professional Practice Policies.
  - I understand my obligations as described in Part I of the PODSA bylaws: "Responsibilities of the Pharmacy Managers, Owners and Directors."
- I declare the facts set out herein to be true.

\_\_\_\_\_  
Date Signature (Pharmacy Manager) Print Name (Pharmacy Manager)



## HOSPITAL PHARMACY LICENCE RENEWAL NOTICE

September 06, 2012

CY

Dear Pharmacy Manager:

**Pharmacy Licensure Expiry:07/31/2013**

Enclosed please find your Pharmacy Licence Renewal Notice. Note that all fields of information are mandatory. Terms of a pharmacy licence renewal can be found in the Pharmacy Operations and Drug Scheduling Act (PODSA), section 3. If the telepharmacy, satellite or remote site services are provided, please list details on the following pages.

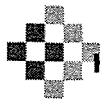
The package must be completed, signed and returned with payment and a copy of the pharmacy's valid business licence. If the College does not receive your **completed** renewal package **on or before** your licence expiry date, your pharmacy must remain closed until the College confirms reinstatement of your pharmacy licence. Terms of reinstatement of your pharmacy licence can be found in PODSA, section 4. Please note that it is a contravention of the Pharmacy Operations and Drug Scheduling Act to operate an unlicensed pharmacy.

If you have any questions or comments, please feel free to contact:

Doris Wong  
Administrative Assistant – Renewals & Records  
(604) 676-4224 or [doris.wong@bcpharmacists.org](mailto:doris.wong@bcpharmacists.org)

Yours truly,

Bob Nakagawa, BSc Pharm, FCSHP  
Registrar



# HOSPITAL PHARMACY LICENCE RENEWAL NOTICE

Form 2B

Page 1

ID # [REDACTED]  
 Pharmacare # [REDACTED]  
 Current licence expires **July 31, 2012**

## PHARMACY

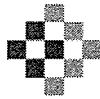
(ger)  
 Y

## HEALTH AUTHORITY

**Name of Health Authority** PROVINCIAL HEALTH SERVICES AUTHORITY

## PAYMENT ADVICE

	FEE	TAX	TOTAL	
<b>Pharmacy licence fee</b>	\$1,181.25	+\$141.75	= \$1,323.00	<b>\$ 1,323.00</b>
<b>Telepharmacy Services and/or Satellite Services and/or Remote Site Services (if provided, please list)</b>				
<b>Dual - Licensed Pharmacy That Participates in Telepharmacy Services (no extra charge)</b>				
[REDACTED] Test Dual Telepharmacy				<b>\$ 0.00</b>
<b>Receives Remote Services</b>				<b>\$ 235.20</b>
[REDACTED] [REDACTED] [REDACTED]				<b>\$ 235.20</b>
<b>Receives Satellite Services</b>				<b>\$ 235.20</b>
[REDACTED] TEST SATELLITE				<b>\$ 235.20</b>
<b>Receives Telepharmacy Services</b>				<b>\$ 235.20</b>
[REDACTED] 7 Test Telepharmacy				<b>\$ 235.20</b>
<b>Additional Telepharmacy Services, Satellite Services and/or Remote Site Services (if provided - please list)</b>				
Annual fee for telepharmacy services	\$210.00	+	\$25.20 =	<b>\$235.20</b> <input checked="" type="checkbox"/> _____ = \$ _____
Annual fee for satellite services	\$210.00	+	\$25.20 =	<b>\$235.20</b> <input checked="" type="checkbox"/> _____ = \$ _____
Annual fee for remote site services	\$210.00	+	\$25.20 =	<b>\$235.20</b> <input checked="" type="checkbox"/> _____ = \$ _____
<b>Payment option</b>				<b>Total payment</b> <b>\$</b> [REDACTED]
<input type="checkbox"/> Cheque/Money order (payable to College of Pharmacists of BC) <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard Card # _____ Exp _____ / _____ Cardholder name _____ Cardholder signature _____				
HST # R106953920				



# HOSPITAL PHARMACY LICENCE RENEWAL NOTICE

ID # [REDACTED]  
 Pharmicare # [REDACTED]  
 Current licence expires **July 31, 2012**

## STAFF PHARMACISTS

Name	Reg #	Status	Renewed To	Name	Reg #	Status	Renewed To
[REDACTED]	07508	Permanent	Jan 31, 2013				
[REDACTED]			30, 2012				
[REDACTED]			28, 2013				
[REDACTED]			28, 2013				
[REDACTED]			30, 2013				
[REDACTED]			28, 2013				
[REDACTED]			31, 2013				
[REDACTED]			0, 2013				
[REDACTED]			0, 2013				
[REDACTED]			0, 2013				
[REDACTED]			0, 2013				
[REDACTED]			31, 2013				
[REDACTED]			0, 2013				
[REDACTED]			, 2012				
[REDACTED]			3, 2013				
[REDACTED]			3, 2013				
[REDACTED]			3, 2013				
[REDACTED]			3, 2013				
[REDACTED]			0, 2012				
[REDACTED]			3, 2013				
[REDACTED]			3, 2013				
[REDACTED]			3, 2013				
[REDACTED]			1, 2013				
[REDACTED]			3, 2013				
[REDACTED]			0, 2013				
[REDACTED]			1, 2012				
[REDACTED]			1, 2013				
[REDACTED]			0, 2013				
[REDACTED]			, 2013				
[REDACTED]			3, 2013				
[REDACTED]			3, 2013				

Add Pharmacists not listed above in the following table. Attach additional sheet if necessary

Name	Reg #	Permanent	Casual	Temporary	Self-employed

## HOURS

Please confirm or correct the pharmacy operating hours noted below or if blank - please provide.

**Operating hours:** OUT-PATIENT HOURS:  
 MON-FRI 08.30-17.00

INPATIENT & CHEMO SERVICES  
 MON-FRI 08.00-19.00  
 WEEKENDS & HOLS 09.00-17.00

**Lock & Leave hours:**

I confirm the hours are correct as noted



# HOSPITAL PHARMACY LICENCE RENEWAL NOTICE

## UPDATE OF PHARMACY SERVICES INFORMATION

Indicate pharmacy services provided

ID #	[REDACTED]
Pharmacare #	[REDACTED]
Current licence expires	July 31, 2013



### 1. Drug Distribution System Services

Yes  No

Describe (Attach separate sheet of paper as necessary)

\_\_\_\_\_

### 2. Ambulatory Care Services

Yes  No

Describe (Attach separate sheet of paper as necessary)

\_\_\_\_\_

### 3. Automation Services

Yes  No

Automated cabinet drug dispensing system

Yes  No

Other (Please specify)

\_\_\_\_\_

### 4. Sterile Product Services

Yes  No

Sterile Product Published Standards used (Please specify)

\_\_\_\_\_

Centralized IV Admixture

Yes  No

Cytotoxic and hazardous drug products

Yes  No

### 5. Residential Care Services

Yes  No

Hospital Standards of Practice - Bylaw 14 Residential Care

Number of facilities serviced

\_\_\_\_\_

List the facilities and number of beds

\_\_\_\_\_

Residential Care Facilities and Homes Standards of Practice - Schedule F Part 3

Number of facilities serviced

\_\_\_\_\_

List the facilities and number of beds

\_\_\_\_\_

### 6. Central Fill or Outsourced Pharmacy Services

Yes  No

List the pharmacies you provide/contract out pharmacy services to

\_\_\_\_\_

\_\_\_\_\_

### 7. Telepharmacy Services

Yes  No

List the pharmacies you provide services to

\_\_\_\_\_

List the pharmacies you receive services from

\_\_\_\_\_

### 8. Hospital Pharmacy Satellite Services

Yes  No

List the hospital pharmacy satellites

\_\_\_\_\_

Please check the box below:

I attest that:

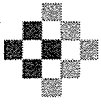
- The Pharmacy is in compliance with the Health Professions Act (HPA), the Pharmacy Operations and Drug Scheduling Act (PODSA), the Pharmacist Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
- The Pharmacy is in compliance with the College of Pharmacists of British Columbia Board Professional Practice Policies.
- I understand my obligations as described in Part I of the PODSA bylaws: "Responsibilities of the Pharmacy Managers, Owners and Directors."

I declare the facts set out herein to be true.

\_\_\_\_\_ Date \_\_\_\_\_ Signature (Pharmacy Manager) \_\_\_\_\_ Print Name (Pharmacy Manager)

**Please return this notice with payment and update information as needed.**





## HOSPITAL PHARMACY LICENCE RENEWAL NOTICE

August 31, 2012

Dear Pharmacy Manager:

### Pharmacy Licensure Expiry: 07/31/2013

Enclosed please find your Pharmacy Licence Renewal Notice. Note that all fields of information are mandatory. Terms of a pharmacy licence renewal can be found in the Pharmacy Operations and Drug Scheduling Act (PODSA), section 3. If the telepharmacy, satellite or remote site services are provided, please list details on the following pages.

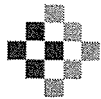
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If you have any questions or comments, please feel free to contact:

Doris Wong  
Administrative Assistant – Renewals & Records  
(604) 676-4224 or [doris.wong@bcpharmacists.org](mailto:doris.wong@bcpharmacists.org)

Yours truly,

Bob Nakagawa, BSc Pharm, FCSHP  
Registrar



# HOSPITAL PHARMACY LICENCE RENEWAL NOTICE

Form 2B

Page 1

ID #	[REDACTED]
Pharmacare #	[REDACTED]
Current licence expires	July 31, 2013

## PHARMACY

(manager) PHARMACY	
-----------------------	--

## HEALTH AUTHORITY

**Name of Health Authority** PROVINCIAL HEALTH SERVICES AUTHORITY

## PAYMENT ADVICE

	FEE	TAX	TOTAL	
<b>Pharmacy licence fee</b>	\$1,181.25 +	\$141.75 =	\$141.75	<b>\$ 141.75</b>

Telepharmacy Services and/or Satellite Services and/or Remote Site Services (if provided, please list)

### Additional Telepharmacy Services, Satellite Services and/or Remote Site Services (if provided - please list)

Annual fee for telepharmacy services	\$210.00	+	\$25.20	=	\$235.20	X	_____	=	\$	_____
Annual fee for satellite services	\$210.00	+	\$25.20	=	\$235.20	X	_____	=	\$	_____
Annual fee for remote site services	\$210.00	+	\$25.20	=	\$235.20	X	_____	=	\$	_____

### Payment option

- Cheque/Money order (payable to College of Pharmacists of BC)
- VISA                       MasterCard

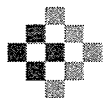
**Total payment** \$  

Card # \_\_\_\_\_ Exp \_\_\_\_\_ / \_\_\_\_\_

Cardholder name \_\_\_\_\_

Cardholder signature \_\_\_\_\_

HST # R106953920



# HOSPITAL PHARMACY LICENCE RENEWAL NOTICE

ID #	[REDACTED]
Pharmacare #	[REDACTED]
Current licence expires	<b>July 31, 2013</b>

## STAFF PHARMACISTS

Name	Reg #	Status	Renewed To	Name	Reg #	Status	Renewed To
[REDACTED]	[REDACTED]	[REDACTED]	2013	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	2012	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	2013	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	2013	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	2013	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	2013	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	2013	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	2013	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	2013	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	2013	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	2013	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	2013	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	2013	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	2013	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	2013	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	2013	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	2013	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	2012	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	2013	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	2013	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	2013	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	2013	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	2012	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	2013	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	2013	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	2013	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	2013	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	2013	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	2013	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	2013	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	2013	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	2013	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	2013	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Add Pharmacists not listed above in the following table. Attach additional sheet if necessary

Name	Reg #	Permanent	Casual	Temporary	Self-employed

## HOURS

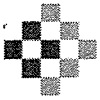
Please confirm or correct the pharmacy operating hours noted below or if blank - please provide.

**Operating hours:** OUT-PATIENT HOURS: MON-FRI 08.30-17.00

**Lock & Leave hours:**

INPATIENT & CHEMO

I confirm the hours are correct as noted



# HOSPITAL PHARMACY LICENCE RENEWAL NOTICE

## UPDATE OF PHARMACY SERVICES INFORMATION

Indicate pharmacy services provided

ID #	[REDACTED]
Pharmacare #	[REDACTED]
Current licence expires	<b>July 31, 2013</b>

### 1. Drug Distribution System Services

Yes  No

Describe (Attach separate sheet of paper as necessary)

### 2. Ambulatory Care Services

Yes  No

Describe (Attach separate sheet of paper as necessary)

### 3. Automation Services

Yes  No

Automated cabinet drug dispensing system

Yes  No

Other (Please specify)

### 4. Sterile Product Services

Yes  No

Sterile Product Published Standards used (Please specify)

Centralized IV Admixture

Yes  No

Cytotoxic and hazardous drug products

Yes  No

### 5. Residential Care Services

Yes  No

Hospital Standards of Practice - Bylaw 14 Residential Care

Number of facilities serviced

List the facilities and number of beds

Residential Care Facilities and Homes Standards of Practice - Schedule F Part 3

Number of facilities serviced

List the facilities and number of beds

### 6. Central Fill or Outsourced Pharmacy Services

Yes  No

List the pharmacies you provide/contract out pharmacy services to

### 7. Telepharmacy Services

Yes  No

List the pharmacies you provide services to

List the pharmacies you receive services from

### 8. Hospital Pharmacy Satellite Services

Yes  No

List the hospital pharmacy satellites

Please check the box below:

I attest that:

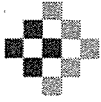
- The Pharmacy is in compliance with the Health Professions Act (HPA), the Pharmacy Operations and Drug Scheduling Act (PODSA), the Pharmacist Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
- The Pharmacy is in compliance with the College of Pharmacists of British Columbia Board Professional Practice Policies.
- I understand my obligations as described in Part I of the PODSA bylaws: "Responsibilities of the Pharmacy Managers, Owners and Directors."

I declare the facts set out herein to be true.

Date

Signature (Pharmacy Manager)

Print Name (Pharmacy Manager)



## EDUCATION SITE LICENCE RENEWAL NOTICE

August 31, 2012

Dear Pharmacy Manager:

**Education Site Licensure Expiry: 07/31/2012**

Enclosed please find your Education Site Licence Renewal Notice. Note that all fields of information are mandatory. Terms of an Education Site licence renewal can be found in the Pharmacy Operations and Drug Scheduling Act (PODSA), section 5.

Pages 1 and 2 must be completed, signed and returned with payment on or before your license expiry date.

If you are enclosing individual pharmacist registration fees with your remittance, include each individual Pharmacist Registration Renewal Notice so we can track whose fees are covered by the payments.

If you have any questions or comments, please feel free to contact:

Doris Wong  
Administrative Assistant – Renewals & Records  
(604) 676-4224 or [doris.wong@bcpharmacists.org](mailto:doris.wong@bcpharmacists.org)

Yours truly,

Bob Nakagawa, BSc Pharm, FCSHP  
Registrar

**EDUCATION SITE LICENCE RENEWAL NOTICE**

**Form 2C**

Page 1

ID #	██████████
Pharmacare #	
Current licence expires	<b>July 31, 2012</b>

**PHARMACY**

	r)	
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**OWNER**

**Name of Owner**  
(Corporation or Sole Proprietor)  
**Corporate Director(s)**

*Has there been a change of directors? If yes, a copy of Notice of Articles / Notice of Directors must be provided with a Change of Directors Application.*

**PAYMENT ADVICE**

	FEE	TAX	TOTAL		
<b>Pharmacy licence fee</b>	\$315.00 +	\$37.80 =	\$352.80	\$	<b>352.80</b>

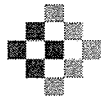
**Payment option**

- Cheque/Money order (payable to College of Pharmacists of BC)
- VISA       MasterCard

**Total payment** \$

Card # _____	Exp _____ / _____
Cardholder name _____	
Cardholder signature _____	

HST # R106953920



**EDUCATION SITE LICENCE RENEWAL NOTICE**

ID #	[REDACTED]
Pharmacare #	
Current licence expires	<b>July 31, 2012</b>

**STAFF PHARMACISTS**

**Confirm if the following are still employed at this pharmacy by checking one of the checkboxes**

Current employee?	Name	Reg #	Status	Renewed To
<input type="checkbox"/> Yes <input type="checkbox"/> No				

**DRAFT**

**Add Pharmacists not listed above in the following table. Attach additional sheet if necessary**

Name	Reg #	Permanent	Casual	Temporary	Self-employed

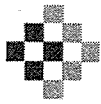
Please check the box below:

- I attest that:
  - The Pharmacy is in compliance with the Health Professions Act (HPA), the Pharmacy Operations and Drug Scheduling Act (PODSA), the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
  - I understand my obligations as described in Part I of the PODSA bylaws: "Responsibilities of the Pharmacy Managers, Owners and Directors."

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Pharmacy Manager)

\_\_\_\_\_  
Print Name (Pharmacy Manager)



## NON-DISPENSING PHARMACY LICENCE RENEWAL NOTICE

September 06, 2012

Dear Pharmacy Manager:

### **Pharmacy Licensure Expiry:03/31/2012**

Enclosed please find your Pharmacy Licence Renewal Notice. Note that all fields of information are mandatory. Terms of a pharmacy licence renewal can be found in the Pharmacy Operations and Drug Scheduling Act (PODSA), section 3.

The package must be completed, signed and returned with payment and a copy of the pharmacy's valid business licence. If the College does not receive your **completed** renewal package **on or before** your licence expiry date, your pharmacy must remain closed until the College confirms reinstatement of your pharmacy licence. Terms of reinstatement of your pharmacy licence can be found in PODSA, section 4. Please note that it is a contravention of the Pharmacy Operations and Drug Scheduling Act to operate an unlicensed pharmacy.

If you have any questions or comments, please feel free to contact:

Doris Wong  
Administrative Assistant – Renewals & Records  
(604) 676-4224 or [doris.wong@bcpharmacists.org](mailto:doris.wong@bcpharmacists.org).

Yours truly,

Bob Nakagawa, BSc Pharm, FCSHP  
Registrar



**NON-DISPENSING PHARMACY LICENCE RENEWAL NOTICE**

ID # [REDACTED]  
Pharmacare # [REDACTED]  
Current licence expires **March 31, 2012**

**PHARMACY**

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**OWNER**

**Name of Owner** FRASER HEALTH AUTHORITY  
(Corporation or Sole Proprietor)  
**Corporate Director(s)**

*Has there been a change of directors? If yes, a copy of Notice of Articles / Notice of Directors must be provided with a Change of Directors Application.*

**PAYMENT ADVICE**

	FEE	TAX	TOTAL		
<b>Pharmacy licence fee</b>	\$1,181.25	+ \$141.75	= \$1,323.00	\$	\$1,323.00

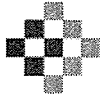
**Payment option**

- Cheque/Money order (payable to College of Pharmacists of BC)
- VISA       MasterCard

**Total payment** \$

Card # _____	Exp _____ / _____
Cardholder name _____	
Cardholder signature _____	

HST # R106953920



# NON-DISPENSING PHARMACY LICENCE RENEWAL NOTICE

Form 2D

Page 2

ID # [REDACTED]  
 Pharmicare # [REDACTED]  
 Current licence expires **March 31, 2012**

## STAFF PHARMACISTS

Confirm if the following are still employed at this pharmacy by checking one of the checkboxes

Current employee?	Name	Reg #	Status	Renewed To
<input type="checkbox"/> Yes <input type="checkbox"/> No			Permanent	Aug 31, 2013
<input type="checkbox"/> Yes <input type="checkbox"/> No			Permanent	Feb 28, 2013
<input type="checkbox"/> Yes <input type="checkbox"/> No			Permanent	Apr 30, 2013
<input type="checkbox"/> Yes <input type="checkbox"/> No			Permanent	Feb 28, 2013

DRAFT

Add Pharmacists not listed above in the following table. Attach additional sheet if necessary

Name	Reg #	Permanent	Casual	Temporary	Self-employed

## HOURS

Please confirm or correct the pharmacy operating hours noted below or if blank - please provide.

**Operating hours:** MON-THURS 06.00-22.00  
FRI-SUN 06.00-18.00

**Lock & Leave hours:**

I confirm the hours are correct as noted

**College of Pharmacists of B.C.**  
**FEE SCHEDULE**  
**PODSA Bylaw "Schedule A"**

**PHARMACY**

**LICENSURE FEES**

Community Pharmacy	Annual licence fee.	\$ 1,181.25
Hospital Pharmacy	Annual licence fee.	\$ 1,181.25
Education Site	Annual licence fee.	\$ 315.00
Telepharmacy	Annual fee for each site receiving service, to be charged to Pharmacy providing service.	\$ 210.00
Hospital Pharmacy Satellite	Annual fee for each satellite site, to be charged to Hospital Pharmacy.	\$ 210.00
Hospital Pharmacy Remote Site	Annual fee for each remote site, to be charged to Hospital Pharmacy.	\$ 100.00
Mail Order Pharmacy	Annual fee for each site receiving service, to be charged to Pharmacy providing service.	\$ 210.00
Non-Dispensing Pharmacy	Annual licence fee.	\$ 1,181.25
Application for New Pharmacy - Community/Hospital	Application valid for up to one year.	\$ 525.00
Application for New Pharmacy - Education Site	Application valid for up to one year.	\$ 525.00
Application for New Pharmacy - Telepharmacy	Application valid for up to one year, for each site receiving service.	\$ 525.00
Application for New Pharmacy - Hospital Pharmacy Satellite	Application valid for up to one year, for each satellite site.	\$ 525.00
Application for New Pharmacy - Hospital Pharmacy Remote Site	Application valid for up to one year, for each site receiving service.	\$ 525.00
Application for New Pharmacy - Mail Order Pharmacy	Application valid for up to one year.	\$ 525.00
Application for New Pharmacy - Non-Dispensing Pharmacy	Application valid for up to one year.	\$ 525.00

**LICENSE REPLACEMENT & OTHER FEES**

Change of Ownership		\$ 1,181.25
Change of Director		\$ 157.50
Change of Operating Name		\$ 157.50
Change of Corporate Name		\$ 157.50
Change of Manager		\$ 105.00
Relocation/Renovation		\$ 525.00
Late licensure renewal		\$ 131.25
Follow-up inspection(s)	In addition to actual travelling and other expenses incurred.	\$ 525.00

**NOTES:**

- 1) Fees are non-refundable.
- 2) Fees are subject to the Current Sales Tax.
- 3) Annual renewal notices of pharmacy licensure are sent at least thirty (30) days prior to the expiry date.