



1. PHARMACY INFORMATION			
Proposed Operating Name		Proposed Licensure Date	
		MMM	DD   YYYY
Pharmacy Address	City	Province BC	Postal Code
Email Address	Phone Number (if known)	Fax Number (if known)	
<b>PharmaNet Connection Required</b> <input type="checkbox"/> Inpatient (Read-only access to patient records with ability to update clinical information and adverse reactions) <input type="checkbox"/> Outpatient (PharmaCare adjudication of prescriptions and update of patient records) <input type="checkbox"/> Inpatient & Outpatient (Inpatient and outpatient dispensing using the same software)			
Manager Name (if known)		Manager's Registration Number (BC)	

2. DIRECT OWNER INFORMATION			
Hospital Pharmacy Name			
Hospital Address (if different from the pharmacy address)	City	Province BC	Postal Code
<b>Health Authority/Organization</b> <input type="checkbox"/> Fraser Health <input type="checkbox"/> Interior Health <input type="checkbox"/> Island Health <input type="checkbox"/> Northern Health <input type="checkbox"/> Vancouver Coastal Health <input type="checkbox"/> Provincial Health Services Authority <input type="checkbox"/> First Nations Health Authority <input type="checkbox"/> Providence Healthcare <input type="checkbox"/> Other - Specify: _____			

3. PRIMARY CONTACT PERSON INFORMATION			
Name		Position/Title	
Email Address	Phone Number	Fax Number	

4. APPLICANT (DIRECT OWNER) INFORMATION			
Name of Authorized Representative		Position/Title of Authorized Representative	
Email Address	Phone Number	Fax Number	
Signature	Date		
	MMM	DD	YYYY

The College of Pharmacists of BC ("College") collects, uses, discloses, stores, and retains personal information in compliance with the *Health Professions Act (HPA)*, the *Pharmacy Operations and Drug Scheduling Act (PODSA)*, and the *Freedom of Information and Protection of Privacy Act (FIPPA)*. The personal information you provide when completing and submitting this form is being collected and will be used by the College to carry out its mandate under the HPA in the public interest. The collection of this personal information is permitted under section 26(c) and (e) of FIPPA. If you have any questions or concerns about the College's privacy practices, please contact the College's Privacy Officer: [privacy@bcpharmacists.org](mailto:privacy@bcpharmacists.org) or 604.733.2440.



5. PAYMENT INFORMATION			
<b>Proposed Operating Name</b> (Auto-populate)			
<b>Method of Payment*</b> <input type="checkbox"/> Cheque/Money order (payable to College of Pharmacists of BC) <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard			
<b>Card Number</b>	<b>Expiry Date (MM/YY)</b>	Application fee	\$ 953.00
		GST	\$ 47.65
		<b>Total</b>	<b>\$ 1000.65</b>
<b>Cardholder Name</b>		GST #	R106953920
<b>Cardholder Signature</b>			

Note that the application fee does not include the annual licence fee. Payment information will be collected in phase 2 (pre-opening) of the new pharmacy licence application process. The annual licence fee will be charged upon issuance of the pharmacy licence.

\*Acceptable methods of payment are Visa or Mastercard credit cards (Visa or Mastercard debit cards and prepaid credit cards are not accepted)

**All fees are non-refundable.**

<b><u>For office use ONLY</u></b>	
iMIS ID: _____	Finance stamp: _____
Lic initials: _____	
Date to Finance: _____	