



1. TELEPHARMACY INFORMATION			
Proposed Operating Name	Proposed External Signage Name	Proposed Licensure Date MMM DD YYYY	
Telepharmacy Address	City	Province BC	Postal Code
Email Address	Phone Number (if known)	Fax Number (if known)	
Website	Pharmacy Technician (R.Ph.T.) Name	R.Ph.T. Registration Number (BC)	
NEXT CLOSEST COMMUNITY PHARMACY/TELEPHARMACY			
Pharmacy Name		City	
Approximate Distance from Proposed Telepharmacy Location (KM)			

2. DIRECT OWNER INFORMATION	
Type of Ownership	
<input type="checkbox"/> <i>Corporation</i> : <input type="checkbox"/> Non-Publicly Traded or <input type="checkbox"/> Publicly Traded "Name of Company" on BC incorporation documents: _____ BC Incorporation Number: _____ Incorporation Date: _____	
<input type="checkbox"/> <i>Sole Proprietorship (Single pharmacist, unincorporated)</i> Pharmacist's legal name: First name _____ Last name _____ Registration number (BC): _____ Registered business name (if applicable): _____	
<input type="checkbox"/> <i>Partnership of Pharmacists (≥2 pharmacists, unincorporated)</i> : Total number of partners: _____ Each pharmacist's full legal name and registration number (BC): _____ Registered business name (if applicable): _____	
<input type="checkbox"/> <i>Other – Specify</i> : _____	

3. CENTRAL PHARMACY INFORMATION			
Operating Name		Pharmacy Licence Number	
Central Pharmacy Address	City	Province BC	Postal Code
Email Address	Phone Number	Fax Number	
Manager Name		Manager's Registration Number (BC)	
DIRECT OWNER INFORMATION			
Name of Company on BC Incorporation Documents		BC Incorporation Number	



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

5. 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 or 604.733.2440.



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

Note: the application fee does not include the annual licence fee. Payment information will be collected in phase 2 (pre-opening) of the new telepharmacy 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.

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