College of Pharmacists of British Columbia

APPLICATION FOR PHARMACY CLOSURE

PODSA Form 4A

PART A: Complete Part A and submit a copy to the College no later than 30 days before the closure date (i.e. date the premises is no longer licensed) or by the deadline specified by the College.

1. INFORMATION OF CLOSING PHARMACY

Operating Name	External Signage Name		Pharmacy Licence Number	
Pharmacy Address		**City**	**Province** BC	**Postal Code**
Email Address	**Phone Number**	**Fax Number**	**Closure Date** MMM | DD | YYYY	

Reason for Closure: ☐ Permanent closure ☐ Pharmacy licence cancelled ☐ Pharmacy licence expired

PHARMACY MANAGER

Will you be returning any drugs to the manufacturer/wholesaler prior to the closure date?

☐ No, I will transfer all the drugs to the receiving pharmacy named below.

☐ Yes, I will provide the College with the documents described in section 18(2)(ee)(iii) of the *PODSA* Bylaws on/before the closure date.

☐ I have read and understand my duties and responsibilities for closing my pharmacy as described in section 18(2)(ee) of the *PODSA* Bylaws and PPP-65.

Manager Name	Registration Number	Signature	Date
			MMM | DD | YYYY

DIRECT OWNER

☐ I have read and understand my duties and responsibilities for closing my pharmacy as described in section 17.1(1) of the *PODSA* Bylaws.

Name of Authorized Representative (AR)	Signature	Date
		MMM | DD | YYYY

2. INFORMATION OF RECEIVING PHARMACY*

Operating Name			Pharmacy Licence Number	
Pharmacy Address		**City**	**Province** BC	**Postal Code**
Email Address	**Phone Number**	**Manager Name**		

Items that will be transferred to the receiving pharmacy

☐ Prescription drugs (including controlled drug substances)
☐ Non-prescription drugs (including exempted codeine products)
☐ Medical devices (e.g. blood pressure monitors, blood glucose meters)
☐ Patient medication records and prescription records

*If more than one receiving pharmacy is involved, complete a separate form for each receiving pharmacy to indicate the items that will be transferred to the receiving pharmacy.
*If any items will be transferred to a secure storage facility instead of a pharmacy, complete a separate form to indicate the items and provide information about the secure storage facility.

Part B: The receiving pharmacy must complete Part B and submit a copy to the College no later than 14 days after receipt of the items.

3. CONFIRMATION OF RECEIPT OF ITEMS FROM THE CLOSING PHARMACY

☐ **I have received all the items checked above on (date): _____.**

Manager Name	Registration 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.