



# 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	500.00
HST	60.00
<b>Total</b>	<b>\$560.00</b>
HST # R106953920	

## 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.
- I will maintain a valid business licence for the duration of the pharmacy licence.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Owner/Director

\_\_\_\_\_  
Date



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### 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: 1/4 inch = 1 foot**

- Dispensary area size - minimum 160 sq. ft. (15 m<sup>2</sup>)
- Dispensary area counters - minimum 30 sq. ft. (3 m<sup>2</sup>)
- Storeroom space - minimum 40 sq. ft. (4 m<sup>2</sup>) of shelf space
- Description of the front counter and shelf height
- 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 25 ft (7.6 m) 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:  
\_\_\_\_\_  
\_\_\_\_\_

- Description of the method used to make the dispensary inaccessible to the public:  
\_\_\_\_\_