



PUBLIC COMMITTEE MEMBER VOLUNTEER APPLICATION FORM

A number of committees and subcommittees assist the College to meet its legislated mandate to protect the public by ensuring practitioners have the knowledge, skills and abilities to provide safe and effective pharmacy care. The College committees are primarily made up of College registrants, however, public representation is required to ensure transparency and to bring a wider range of knowledge and skills to enhance the effectiveness of the committee.

Thank you for your interest in becoming a public committee member with the College of Pharmacists of BC. Please complete this application form and fax it to the College office at 604.733.2493 or 800.377.8129. If you have questions, contact the College by phone: 604.733.2440 or 800.663.1940 or email: info@bcpharmacists.org

Applicant Information

Ms Mrs Miss Mr Dr

Name _____
Last Name (Surname) First Name Other name(s)

Address _____ Tel (home) _____
_____ Tel (work) _____
City Province
_____ Email _____
Postal Code Country

Education Background *(chronological order beginning with most recent)*

Institution	Year of Graduation	Degree/Diploma Obtained

Professional and Employment Background *(chronological order beginning with most recent)*

Organization	Term of Service <i>(date to date)</i>	Position

Board/Committee Background *(chronological order beginning with most recent)*

Organization	Term of Service <i>(date to date)</i>	Position



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Why would you like to be a public committee member?

Which committee(s) would you like to become a public member of?

- Registration Committee Inquiry Committee Discipline Committee Quality Assurance Committee

Terms of Reference for the above committees are found on the College website at http://www.bcpharmacists.org/about_us/committees.php

What special skills or attributes would you bring to your committee of interest?

Please provide any additional information about yourself that would be relevant to your work as a public committee member.

Volunteer Criteria/Declaration

- I am not a current or former registrant of the College of Pharmacists of BC
- I have read, understood and agree to abide by the Terms of Reference of the committee(s) specified
- I have attached a letter of reference
- I am a person of good character and have not been convicted of a criminal offense in Canada or elsewhere and make this declaration, conscientiously as it to be true and knowing that it is the same force and effect as if made under oath.

Applicant Signature

Date

Please fax or email this form to:
College of Pharmacists of BC
Fax: 604.733.2493 or toll free 800.377.8129
Email: info@bcpharmacists.org