



# PHARMACY COUNCIL

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**INSTRUCTIONS:** Applicant: Fill out the following blanks. Type or print in ink. Return to the PHARMACY COUNCIL at the address listed above.

FOR OFFICE USE ONLY	
Receipt number	
Fee <b>\$525</b>	Date
Certificate number	
Date issued	

## APPLICATION FOR REGISTRATION AS A PHARMACY

PHARMACY INFORMATION	PHARMACY OWNER INFORMATION	
Name of pharmacy	Name of pharmacy (If corporation or partnership attach a list of officers on a separate sheet including, name, address or title)	
Address of pharmacy	Address of owner	
Phone	Phone	Fax
Fax	Social Security Number	
Email	Email	
Mailing address	Mailing address	
Has the owner, or any corporate officer or partner ever been convicted of an offence involving moral turpitude, a felony offence, or any drug-related offence or has any currently pending felony or drug-related charges, and if so, indicate charge, conviction date, jurisdiction and location.		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Name of pharmacist in charge		
Name of school or college of pharmacy of pharmacist in charge	Qualifications obtained	Date obtained
License number of pharmacist in charge	Expiration date	Tel No.
Address		
Mailing address (If applicable)		
Email		

I, \_\_\_\_\_ hereby swear or affirm under the penalties of perjury that the statements made in this application for Registration as a Pharmacy are true and correct in all respects.

(Signature of owner)