



As a PharmaCare provider, you are obligated to notify PharmaCare of certain changes as identified in the Provider Regulation. Failure to abide by your duties and obligations may result in delay or suspension of payments. You may wish to consult with your legal counsel while preparing this form and associated documentation.

Fax the relevant parts of this form, including this page, signed and dated, and any documentation to 250-405-3599.

TYPE OF CHANGE

Check the applicable box(es) below to indicate the type of change(s). *Must check at least one.*

- | | |
|--|---|
| <input type="checkbox"/> Part A – Change in Provider Contact Information | <input type="checkbox"/> Part G – Separate Submission of Supporting Documentation
(required if you selected Part B through Part F) |
| <input type="checkbox"/> Part B – Change in Operating/Business or Corporate Name | <input type="checkbox"/> Part H – Cancellation of Sub-class |
| <input type="checkbox"/> Part C – Change in Owner Information | <input type="checkbox"/> Part I – Request to Add Sub-class |
| <input type="checkbox"/> Part D – Change of Manager | <input type="checkbox"/> Part J – Notice of Certain Actions or Events (as described in Part J of this form) |
| <input type="checkbox"/> Part E – Change of Location | <input type="checkbox"/> Part K – Notice of Disposition or Closure |
| <input type="checkbox"/> Part F – Changes to a Power of Attorney | |

SUBMISSION INSTRUCTIONS

Include this cover page (signed) with the relevant parts of this form.

Scenario	Submit
For one or more changes that affect one site only	<ul style="list-style-type: none">• relevant part (or parts) of the form (Part A to K as you have indicated above)• this cover page (signed), identifying the site affected by the change
For multiple sites for which you are making one or more changes that affect all those sites	<ul style="list-style-type: none">• the relevant part (or parts) of the form (Part A to K as you have indicated above)• one copy of this cover page (signed), with all sites affected by that change listed below
For multiple sites for which you are making changes that affect some, but not all, of those sites	For each group of sites affected by a particular change: <ul style="list-style-type: none">• the relevant part (or parts) of the form (Part A to K as you have indicated above)• one copy of this cover page (signed), with all sites affected by that change listed below
For changes B through F	Initially: <ul style="list-style-type: none">• the relevant part (or parts) of the form (Part B to F as you have indicated above)• one copy of this cover page (signed) Subsequently: <ul style="list-style-type: none">• Part G with the supporting documentation within the required timeline• one copy of this cover page (signed)

SITES AFFECTED BY CHANGE

Operating Name (as it appears on the PharmaCare Provider Enrolment Form)	Site ID

SIGNATURE OF AUTHORIZED REPRESENTATIVE OF THE PROVIDER

I undertake not to submit false or misleading claims information and acknowledge that doing so is an offence under the *Pharmaceutical Services Act* and its related regulations.

Signature	Name (First, Last)	Date Signed
	Title	Phone Number

Personal Information on this form is collected by the Ministry of Health under s.22 of the *Pharmaceutical Services Act* for the purpose of determining eligibility for enrolment as a provider in the PharmaCare Program. If you have any questions about the collection of personal information on this form, contact the Health Insurance BC (HIBC) Chief Privacy Officer at PO Box 9035 STN Prov Govt, Victoria BC V8W 9E3; or call 604 683-7151 (Vancouver) or 1 800 663-7100 (toll free). This information will be collected, used and disclosed in accordance with the *Freedom of Information and Protection of Privacy Act* and the *Pharmaceutical Services Act*.

Advance Notification Requirement: minimum 7 days before change	
SITE INFORMATION	
Operating Name – as it appears on PharmaCare Provider Enrolment Form	Site ID

INSTRUCTIONS: If you are relocating your site, please complete only **Part E – Change of Location**.

CONTACT INFORMATION				
Current Contact Information				
Current Site Mailing Address (if different from site address)		City	Prov	Postal Code
Current Payment Remittance Address (if different from site address)		City	Prov	Postal Code
Current Mailing Address of Owner		City	Prov	Postal Code
Current Phone Number	Current Fax Number	Current Email Address		
New Contact Information – enter ONLY the information that is changing				
New Site Mailing Address (if different from site address)		City	Prov	Postal Code
New Payment Remittance Address (if different from site address)		City	Prov	Postal Code
New Mailing Address of Owner		City	Prov	Postal Code
New Phone Number	New Fax Number	New Email Address		
EFFECTIVE DATE (must match supporting documentation and/or College of Pharmacists of BC records)				

Advance Notification Requirement: minimum 7 days before change	
SITE INFORMATION	
Operating Name – as it appears on PharmaCare Provider Enrolment Form	Site ID

DOCUMENTATION REQUIREMENTS: For a change in operating/business name, submit a copy of your new pharmacy/business licence within 14 days of issuance, along with Part G of this form.

CHANGE INFORMATION
Indicate the type of change
<div><input type="checkbox"/> Operating/Business Name (e.g., name shown on pharmacy/business licence)</div> <div><input type="checkbox"/> Corporate Name (e.g., registered or legal name of sole proprietorship, partnership or corporation)</div>
Name Change
Current Name
New Name
EFFECTIVE DATE (must match supporting documentation and/or College of Pharmacists of BC records)

Advance Notification Requirement: minimum 7 days before change

SITE INFORMATION

Operating Name – as it appears on PharmaCare Provider Enrolment Form		Site ID	
Site Address	City	Prov	Postal Code

INSTRUCTIONS:

Important: Do **not** complete this part of the form for a site that is being sold/undergoing a change in partnership. For the sale of a site (including partnership changes) the:

- current owner must complete Part K of this form, and
- new owner must apply for enrolment using the PharmaCare Provider Enrolment form (HLTH 5432): www.gov.bc.ca/health/forms/5432fil.pdf

1. In the **Owner Information** column, indicate your ownership type. Please check only one.
2. Provide any documents required (as indicated in the **Required Documentation** column).
3. Indicate the **Effective Date**.
4. Fill out **Details of Changes** section, providing information regarding officers, directors, shareholders (as applicable).
5. For each new owner, answer **all** questions in the **Additional Information** section.

NEW OWNER INFORMATION

Owner Information	Required Documentation
<input type="checkbox"/> B.C. incorporated corporations that are not publicly traded (including subsidiary corporations)*	<ul style="list-style-type: none">• Names of departing officers, directors and shareholders• Names and contact information of all new officers, directors and shareholders <p>You must also provide, using Part G of this form, a copy of the following no later than 30 days after the change:</p> <ul style="list-style-type: none">• New BC Company Summary (if applicable)• New shareholder's register (if applicable)• Relevant provisions of any new shareholder agreements with respect to the operation of any enrolled site (if applicable)
<input type="checkbox"/> B.C. incorporated corporations that are publicly traded*	<ul style="list-style-type: none">• Names of departing officers and directors• Names and contact information of all new officers and directors <p>You must also provide, using Part G of this form, a copy of the following no later than 30 days after the change:</p> <ul style="list-style-type: none">• New BC Company Summary
<input type="checkbox"/> Federally incorporated corporations that are not publicly traded*	<ul style="list-style-type: none">• Names of all departing officers, directors and shareholders• Names and contact information of all new officers, directors and shareholders <p>You must also provide, using Part G of this form, a copy of the following no later than 30 days after the change:</p> <ul style="list-style-type: none">• New shareholder's register (if applicable)• Relevant provisions of any new shareholder agreements with respect to the operation of any enrolled site (if applicable)
<input type="checkbox"/> Federally incorporated corporations that are publicly traded*	<ul style="list-style-type: none">• Names of departing officers and directors• Names and contact information of all new officers and directors

EFFECTIVE DATE (must match supporting documentation and/or College of Pharmacists of BC records)

***NOTE:** For a subsidiary corporation that is **not** publicly traded and that has a parent corporation that is **not** publicly traded, you must also provide information about any changes of officers, directors, or shareholders in the parent corporation.

This information is not required if either the subsidiary corporation or the parent corporation **is** publicly traded. In those cases, the Ministry of Health has waived the requirement to provide this information.

PART C – CHANGE IN OWNER INFORMATION continued

DETAILS OF CHANGES			
Name of all DEPARTING officers, directors, shareholders (as applicable)			
Name (First, Last)		Position	
Names and contact information of all NEW officers, directors, shareholders (as applicable)			
Name (First, Last)		Position	
Address		City	Prov Postal Code
Phone Number	Fax Number	Email Address	
Name (First, Last)		Position	
Address		City	Prov Postal Code
Phone Number	Fax Number	Email Address	
Name (First, Last)		Position	
Address		City	Prov Postal Code
Phone Number	Fax Number	Email Address	
Name (First, Last)		Position	
Address		City	Prov Postal Code
Phone Number	Fax Number	Email Address	
Name (First, Last)		Position	
Address		City	Prov Postal Code
Phone Number	Fax Number	Email Address	
Name (First, Last)		Position	
Address		City	Prov Postal Code
Phone Number	Fax Number	Email Address	

PART C – CHANGE IN OWNER INFORMATION continued

Names and contact information of all NEW officers, directors, shareholders (as applicable) continued			
Name (First, Last)		Position	
Address		City	Prov Postal Code
Phone Number	Fax Number	Email Address	
Name (First, Last)		Position	
Address		City	Prov Postal Code
Phone Number	Fax Number	Email Address	
Name (First, Last)		Position	
Address		City	Prov Postal Code
Phone Number	Fax Number	Email Address	
Name (First, Last)		Position	
Address		City	Prov Postal Code
Phone Number	Fax Number	Email Address	

ADDITIONAL INFORMATION

Please carefully review and answer the following questions for your provider type only.

If you answer **Yes** to any of the questions below, you must provide the details as stated in Section 7 of the Enrolment Guide (available at www.gov.bc.ca/pharmacarepharmacists) and complete the Details of Additional Information section below.

Pharmacies and Device Providers

1. a. Is any new **owner** of this site currently required to pay any monies to the B.C. government or a **public insurer** as a result of a **relevant audit** of any site? ☐ Yes ☐ No

b. Is any entity (e.g., corporation, person) currently required to pay any monies to the B.C. government or a **public insurer** as a result of a **relevant audit** of any other site that was, *during the audit period*, owned or managed by any **owner** or the **manager** of this site? ☐ Yes ☐ No
2. a. Has any new **owner** of this site ever been the subject of an order or a conviction for an **information or billing contravention**? ☐ Yes ☐ No

b. Has any new **owner** of this site ever been the **owner** or **manager** of any other site at the time that an **information or billing contravention** occurred for which an order or conviction was issued with respect to that other site? ☐ Yes ☐ No
3. a. Are the **billing privileges** of any new **owner** of this site currently suspended? ☐ Yes ☐ No

b. Is any new **owner** of this site currently an **owner** or **manager** of any other site in respect of which a person's **billing privileges** are suspended? ☐ Yes ☐ No
4. a. Has any new **owner** of this site ever had their **billing privileges** cancelled? ☐ Yes ☐ No

b. Was any new **owner** of this site the **owner** or **manager** of any other site at the time that an incident occurred in relation to that site resulting in the cancellation of **billing privileges** for that site? ☐ Yes ☐ No
5. Has any new **owner** of this site, within the past 6 years, had a judgment entered against them in a court proceeding related to commercial or business activities regarding the provision of drugs, devices, substances or related services at any site? ☐ Yes ☐ No
6. Has any new **owner** of this site, within the past 6 years, been convicted of an offence prescribed in section 22 (1) of the Provider Regulation? (see also section 7, question 6, in **Enrolment Guide**) ☐ Yes ☐ No
7. Has any new **owner** of this site ever had their enrolment in any class of PharmaCare provider cancelled? ☐ Yes ☐ No
8. Has any new **owner** of this site been a director of a corporation that declared or was petitioned into bankruptcy within the past 6 years? ☐ Yes ☐ No

PART C – CHANGE IN OWNER INFORMATION continued

Pharmacies	
9. Has any new owner of this site ever had their pharmacy licence suspended or cancelled? <i>(Please answer both questions)</i>	Suspension: <input type="checkbox"/> Yes <input type="checkbox"/> No Cancellation: <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Has any new owner of this site ever had their registration as a pharmacist with a governing body of pharmacists suspended or cancelled? <i>(Please answer both questions)</i>	Suspension: <input type="checkbox"/> Yes <input type="checkbox"/> No Cancellation: <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Has any new owner of this site ever had any limits or conditions imposed as a result of disciplinary actions taken by a governing body of pharmacists in relation to any site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Device Providers (including pharmacies that are enrolled as Device Providers)	
12. Has any new owner of this site ever had any limits, conditions or prohibitions imposed as a result of disciplinary actions taken by the Canadian Board for Certification of Prosthetists and Orthotists in relation to any site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered Yes to any of the questions above, you must provide the details as stated in Section 7 of the Enrolment Guide (available at www.gov.bc.ca/pharmacarepharmacists) and complete the Details of Additional Information section below.	
DETAILS OF ADDITIONAL INFORMATION	
Identify the question number to which the details below pertain. Make a copy of this page if you need more space.	
Question Number	Details

PART D – CHANGE OF MANAGER

PharmaCare Provider Change

Advance Notification Requirement: minimum 7 days before change

SITE INFORMATION

Operating Name – as it appears on PharmaCare Provider Enrolment Form		Site ID	
Site Address	City	Prov	Postal Code

- INSTRUCTIONS:** 1. Complete all fields.
2. Answer all relevant questions in the **Additional Information** section.

Note: Question 8 from the PharmaCare Enrolment Form, regarding bankruptcy of a corporation, is not relevant to new managers, and therefore is not listed in this section.

DOCUMENTATION REQUIRED:

For a change in pharmacy manager **only**, submit a copy of your new pharmacy licence **within 14 days of issuance**, along with Part G of this form.

MANAGER INFORMATION

Name of Current Manager – must match registration ID	Registration ID (if pharmacist – 5 digits)
Name of New Manager – must match registration ID - mandatory	Registration ID (if pharmacist – 5 digits)

EFFECTIVE DATE *(must match supporting documentation and/or College of Pharmacists of BC records)*

ADDITIONAL INFORMATION

Please carefully review and answer the following questions.

If you answer **Yes** to any of the questions below, you must provide the details as stated in Section 7 of the Enrolment Guide (available at www.gov.bc.ca/pharmacarepharmacists) and complete the Details of Additional Information section on the next page.

Pharmacies and Device Providers

1. a. Is the new **manager** of this site currently required to pay any monies to the B.C. government or a **public insurer** as a result of a **relevant audit** of any site? ☐ Yes ☐ No
b. Is any entity (e.g., corporation, person) currently required to pay any monies to the B.C. government or a **public insurer** as a result of a **relevant audit** of any other site that was, *during the audit period*, owned or managed by the new **manager** of this site? ☐ Yes ☐ No
2. a. Has the new **manager** of this site ever been the subject of an order or a conviction for an **information or billing contravention**? ☐ Yes ☐ No
b. Has the new **manager** of this site ever been the **owner** or **manager** of any other site at the time that an **information or billing contravention** occurred for which an order or conviction was issued with respect to that other site? ☐ Yes ☐ No
3. a. Are the **billing privileges** of the new **manager** of this site currently suspended? ☐ Yes ☐ No
b. Is the new **manager** of this site currently an **owner** or **manager** of any other site in respect of which a person's **billing privileges** are suspended? ☐ Yes ☐ No
4. a. Has the new **manager** of this site ever had their **billing privileges** cancelled? ☐ Yes ☐ No
b. Was the new **manager** of this site the **owner** or **manager** of any other site at the time that an incident occurred in relation to that site resulting in the cancellation of **billing privileges** for that site? ☐ Yes ☐ No
5. Has the new **manager** of this site, within the past 6 years, had a judgment entered against them in a court proceeding related to commercial or business activities regarding the provision of drugs, devices, substances or related services at any site? ☐ Yes ☐ No
6. Has the new **manager** of this site, within the past 6 years, been convicted of an offence prescribed in section 22 (1) of the Provider Regulation? ☐ Yes ☐ No
7. Has the new **manager** of this site ever had their enrolment in any class of PharmaCare provider cancelled? ☐ Yes ☐ No

Pharmacies

9. Has the new **manager** of this site ever had their pharmacy licence suspended or cancelled? (Please answer both questions) Suspension: ☐ Yes ☐ No
Cancellation: ☐ Yes ☐ No
10. Has the new **manager** of this site ever had their registration as a pharmacist with a governing body of pharmacists suspended or cancelled? (Please answer both questions) Suspension: ☐ Yes ☐ No
Cancellation: ☐ Yes ☐ No
11. Has the new **manager** of this site ever had any limits or conditions imposed as a result of disciplinary actions taken by a governing body of pharmacists in relation to any site? ☐ Yes ☐ No

Device Providers (including pharmacies that selected "Device Class" in section 2)

12. Has the new **manager** of this site ever had any limits, conditions or prohibitions imposed as a result of disciplinary actions taken by the Canadian Board for Certification of Prosthetists and Orthotists in relation to any site? ☐ Yes ☐ No

PART D – CHANGE OF MANAGER continued

If you answered **Yes** to any of the preceding questions, you must provide the details as stated in Section 7 of the Enrolment Guide (available at www.gov.bc.ca/pharmacarepharmacists) and complete the Details of Additional Information section below.

DETAILS OF ADDITIONAL INFORMATION

Identify the question number to which the details below pertain. Make a copy of this page if you need more space.

Question Number	Details

Advance Notification Requirement: minimum 7 days before change

SITE INFORMATION

Operating Name – as it appears on PharmaCare Provider Enrolment Form	Site ID
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DOCUMENTATION REQUIRED:

Using Part G of the form, provide a copy of your new pharmacy/business licence **within 14 days** of date of issuance.

LOCATION INFORMATION

Current Location			
Current Address	City	Prov	Postal Code
Current Phone Number	Current Fax Number	Current Email Address	
New Location – Enter ONLY the information that is changing			
New Address	City	Prov	Postal Code
New Mailing Address (if different from site address)	City	Prov	Postal Code
New Payment Remittance Address (if different from site address)	City	Prov	Postal Code
New Phone Number	New Fax Number	New Email Address	
EFFECTIVE DATE (must match supporting documentation and/or College of Pharmacists of BC records)			

Advance Notification Requirement: minimum 7 days before change	
SITE INFORMATION	
Operating Name – as it appears on PharmaCare Provider Enrolment Form	Site ID

DOCUMENTATION REQUIRED:

No more than 30 days after the change in Power of Attorney takes effect, using Part G of this form, you must provide a copy of any new corporate Powers of Attorney showing the names and contact information of anyone who may exercise a power of attorney in respect to the corporation.

DETAILS OF CHANGES			
Name of all those who NO LONGER have Power of Attorney			
Name (First, Last)		Position	
Names and contact information for NEW Power(s) of Attorney			
Name (First, Last)		Position	
Address		City	Prov Postal Code
Phone Number	Fax Number	Email Address	
Name (First, Last)		Position	
Address		City	Prov Postal Code
Phone Number	Fax Number	Email Address	
Name (First, Last)		Position	
Address		City	Prov Postal Code
Phone Number	Fax Number	Email Address	
Name (First, Last)		Position	
Address		City	Prov Postal Code
Phone Number	Fax Number	Email Address	
Name (First, Last)		Position	
Address		City	Prov Postal Code
Phone Number	Fax Number	Email Address	
EFFECTIVE DATE (must match supporting documentation and/or College of Pharmacists of BC records)			

PART G – SEPARATE SUBMISSION OF
SUPPORTING DOCUMENTATION

SITE INFORMATION	
Operating Name – as it appears on PharmaCare Provider Enrolment Form	Site ID

INSTRUCTIONS:

Complete and submit Part G with the required documentation if you have recently notified PharmaCare of a change on Parts B through F. Indicate the change you reported and the required documentation you are now submitting. *Ensure dates on licenses or other supporting documentation match “Effective Date” fields.*

CHANGE INFORMATION	
Change Reported	Required Documentation Attached
<input type="checkbox"/> Part B - Change in Operating/Business or Corporate Name Submission deadline: within 14 days of issuance	<input type="checkbox"/> Pharmacy licence (for pharmacy providers) OR <input type="checkbox"/> Business licence (for device providers)
<input type="checkbox"/> Part C - Change in Owner Information Submission deadline: no later than 30 days after the change	You may wish to refer to Part C for details of documentation requirements. <input type="checkbox"/> New BC Company Summary <input type="checkbox"/> New shareholder’s register <input type="checkbox"/> Relevant provisions of any new shareholder agreements with respect to the operation of any enrolled site <input type="checkbox"/> Next Annual Report filed, for confirmation of changes (may be submitted when ready) - applies to non-publicly traded B.C. Corporations.
<input type="checkbox"/> Part D - Change of Manager (Pharmacy only) Submission deadline: within 14 days of issuance	<input type="checkbox"/> Pharmacy licence
<input type="checkbox"/> Part E - Change of Location Submission deadline: within 14 days of issuance	<input type="checkbox"/> Pharmacy licence (for pharmacy providers) OR <input type="checkbox"/> Business licence (for device providers)
<input type="checkbox"/> Part F - Changes to a Power of Attorney Submission deadline: no later than 30 days after the change in Power of Attorney taking effect.	You may wish to refer to Part F for details of documentation requirements. <input type="checkbox"/> Copy of any new corporate Powers of Attorney

Advance Notification Requirement: • Methadone — 30 days before services will end • Plan B — No later than the last day of the month before the final full month in which service will be provided • Device Provider — as soon as reasonably practicable	
SITE INFORMATION	
Operating Name – as it appears on PharmaCare Provider Enrolment Form	Site ID
SUB-CLASS TO BE CANCELLED	
Pharmacy Sub-class	
<input type="checkbox"/> Opioid Agonist Treatment Provider <input type="checkbox"/> Plan B Pharmacy	
Device Sub-class	
<input type="checkbox"/> Compression Garment Provider <input type="checkbox"/> Limb Prosthesis Provider <input type="checkbox"/> Breast Prosthesis Provider <input type="checkbox"/> Ocular Prosthesis Provider <input type="checkbox"/> Orthosis Provider <input type="checkbox"/> Insulin Pump Manufacturer/Distributor <input type="checkbox"/> Other (ostomy supplies, diabetes supplies)	
EFFECTIVE DATE	

SITE INFORMATION	
Operating Name – as it appears on PharmaCare Provider Enrolment Form	Site ID

INSTRUCTIONS:

Please submit requests **at least 21 days in advance** of requested effective date to allow for processing.

Requests will be reviewed as soon as possible. The Ministry of Health will notify you by mail of the decision.

Note: Your site can submit claims to PharmaCare under a new sub-class **only** after your enrolment in the sub-class has been confirmed.

SUB-CLASSES REQUESTED	
Pharmacy Sub-class	Device Sub-class
<input type="checkbox"/> Opioid Agonist Treatment Provider <input type="checkbox"/> Plan B Pharmacy	<input type="checkbox"/> Compression Garment Provider <input type="checkbox"/> Limb Prosthesis Provider <input type="checkbox"/> Breast Prosthesis Provider <input type="checkbox"/> Ocular Prosthesis Provider <input type="checkbox"/> Orthosis Provider <input type="checkbox"/> Insulin Pump Manufacturer/Distributor <input type="checkbox"/> Other (ostomy supplies, diabetes supplies)

SUB-CLASS ADDITIONAL INFORMATION	
Answer only the following questions if they apply to sub-classes selected above.	
IMPORTANT: For each question to which you answer No, attach a written explanation as to why PharmaCare should consider enrolling you in this sub-class.	

1. Opioid Agonist Treatment Have all the pharmacists providing any services at your pharmacy successfully completed the relevant training for the provision of methadone maintenance services? (please see Enrolment Guide for training requirements)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Compression Garment Are compression garments being fitted only by persons who have completed training by a manufacturer of compression garments in fitting the type of compression garment being fitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Limb Prosthesis Are limb prostheses being provided only by persons recognized by the Canadian Board for Certification of Prosthetists and Orthotists as qualified to fit limb prostheses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Breast Prosthesis Are breast prostheses being fitted only by persons who have completed training by a breast prosthesis manufacturer in fitting breast prostheses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Ocular Prosthesis Are ocular prostheses being provided only by persons recognized by the National Examining Board of Ocularists as qualified to fit ocular prostheses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Orthosis Are orthoses being provided only by persons recognized by the Canadian Board for Certification of Prosthetists and Orthotists as qualified to fit orthoses?	<input type="checkbox"/> Yes <input type="checkbox"/> No

REQUESTED EFFECTIVE DATE

MINISTRY APPROVAL (FOR PHARMACARE USE ONLY)	
Signature	Name (First/Last) and Title
Date Signed	

Current Enrolment Status	New Sub-Class Approved	
<input type="checkbox"/> Pharmacy <input type="checkbox"/> Opioid Agonist Treatment Provider <input type="checkbox"/> Plan B Pharmacy <input type="checkbox"/> Devices <input type="checkbox"/> Compression Garment Provider <input type="checkbox"/> Limb Prosthesis Provider <input type="checkbox"/> Breast Prosthesis Provider <input type="checkbox"/> Ocular Prosthesis Provider <input type="checkbox"/> Orthosis Provider <input type="checkbox"/> Insulin Pump Manufacturer / Distributor <input type="checkbox"/> Other (ostomy supplies, diabetes supplies)	<input type="checkbox"/> None	<input type="checkbox"/> Pharmacy <input type="checkbox"/> Opioid Agonist Treatment Provider <input type="checkbox"/> Plan B Pharmacy <input type="checkbox"/> Devices <input type="checkbox"/> Compression Garment Provider <input type="checkbox"/> Limb Prosthesis Provider <input type="checkbox"/> Breast Prosthesis Provider <input type="checkbox"/> Ocular Prosthesis Provider <input type="checkbox"/> Orthosis Provider <input type="checkbox"/> Insulin Pump Manufacturer / Distributor <input type="checkbox"/> Other (ostomy supplies, diabetes supplies)

SITE INFORMATION	
Operating Name – as it appears on PharmaCare Provider Enrolment Form	Site ID

INSTRUCTIONS:
Inform us only of the relevant new action or event.

NOTIFICATION REQUIREMENT:
You must inform PharmaCare **immediately** of any of the following events subsequent to enrolment:

- order, suspension and/or cancellation of billing privileges, judgment or conviction
- suspension or cancellation of pharmacist’s registration and/or pharmacy licence
- disciplinary action taken by a governing body or action or proceeding taken by the Canadian Board for Certification of Prosthetists and Orthotists
- instances in which an **owner** of the site has been the director of a corporation that has declared or been petitioned into bankruptcy
- a requirement to pay an amount to a public insurer, other than BC PharmaCare

STATEMENTS
Please carefully review the following statements and check any that apply to you.
For any of the following statements you select below, fill out the Additional Information table on the next page.

Pharmacies and Device Providers		
1.	<input type="checkbox"/> a. An owner or the manager of this site is currently required to pay any monies to a public insurer as a result of a relevant audit of any site.	
	<input type="checkbox"/> b. An entity (e.g., corporation, person) is currently required to pay monies to a public insurer as a result of a relevant audit of any other site that was, <i>during the audit period</i> , owned or managed by an owner or the manager of this site.	
2.	<input type="checkbox"/> a. An owner or the manager of this site is the subject of an order or a conviction for an information or billing contravention .	
	<input type="checkbox"/> b. An owner or the manager of this site is the owner or manager of another site for which an order or conviction for an information or billing contravention has been issued.	
3.	<input type="checkbox"/> a. The billing privileges of an owner or the manager of this site are currently suspended.	
	<input type="checkbox"/> b. An owner or the manager of this site currently an owner or manager of another site in respect of which a person's billing privileges are suspended.	
4.	<input type="checkbox"/> a. An owner or the manager of this site has had their billing privileges cancelled.	
	<input type="checkbox"/> b. An owner or the manager of this site was the owner or manager of another site at the time that an incident occurred in relation to that site resulting in the cancellation of billing privileges for that site.	
5.	<input type="checkbox"/> An owner or the manager of this site, within the past 6 years, has had a judgment entered against them in a court proceeding related to commercial or business activities regarding the provision of drugs, devices, substances or related services at any site.	
6.	<input type="checkbox"/> An owner or the manager of this site, within the past 6 years, has been convicted of an offence prescribed in section 22 (1) of the Provider Regulation (see also section 7, question 6, in Enrolment Guide).	
7.	<input type="checkbox"/> An owner or the manager of this site has ever had their enrolment in any class of PharmaCare provider cancelled.	
8.	<input type="checkbox"/> An owner of this site has been a director of a corporation that declared or was petitioned into bankruptcy within the past 6 years.	
Pharmacies		
9.	<input type="checkbox"/> An owner or the manager of this site has had their pharmacy licence suspended or cancelled.	<input type="checkbox"/> Suspension (If 9 is checked, you must check at least 1). <input type="checkbox"/> Cancellation
10.	<input type="checkbox"/> An owner or the manager of this site has had their registration as a pharmacist with a governing body of pharmacists suspended or cancelled.	<input type="checkbox"/> Suspension (If 10 is checked, you must check at least 1). <input type="checkbox"/> Cancellation
11.	<input type="checkbox"/> An owner or the manager of this site has had limits or conditions imposed as a result of disciplinary actions taken by a governing body of pharmacists in relation to any site.	
Device Providers (including pharmacies that that are enrolled as Device Providers)		
12.	<input type="checkbox"/> An owner or the manager of this site has had limits, conditions or prohibitions imposed as a result of disciplinary actions taken by the Canadian Board for Certification of Prosthetists and Orthotists in relation to any site.	

PART J – NOTICE OF CERTAIN ACTIONS OR EVENTS continued

If you checked any of the preceding statements in Part J, you must provide the details.

ADDITIONAL INFORMATION

Identify the statement number to which the details pertain. Make a copy of this page if you need more space.

Statement Number	Details

Advance Notification Requirement: minimum 30 days before change	
SITE INFORMATION	
Operating Name – as it appears on PharmaCare Provider Enrolment Form	Site ID

PLEASE NOTE: Health Insurance BC may contact you to schedule removal of any PharmaCare-installed equipment and cabling.

TYPE OF CHANGE AND EFFECTIVE DATE			
<input type="checkbox"/> Disposition (e.g., sale of site) <input type="checkbox"/> Closure			Effective Date
DETAILED SITE INFORMATION			
Site Address		City	Prov Postal Code
Site Phone Number	Manager Name		Manager's Phone Number (after closure)
Contact Name for Building Access		Contact Phone Number for Building Access	
Building Will Be <input type="checkbox"/> Re-occupied <input type="checkbox"/> Demolished			

FOR DISPOSITION ONLY: CONTACT INFORMATION			
Current Owner			
Name (First, Last)		Position	
Address		City	Prov Postal Code
Phone Number	Fax Number	Email Address	
New Owner			
Name (First, Last)		Position	
Address		City	Prov Postal Code
Phone Number	Fax Number	Email Address	
FOR HIBC USE ONLY			
Equipment Removal Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	iStore Order Number	PharmaNet de-activated on	

If you have questions about PharmaCare/PharmaNet equipment, please contact HIBC Information Support by:

- Calling the HelpDesk and asking for Information Support or
- Sending an email to: informationsupport@hibc.gov.bc.ca