BRITISH COLUMBIA | Health InsuranceBC

# APPLICATION FOR MSP PRACTITIONER NUMBER FOR PHARMACISTS

***All fields are mandatory:***
*this form must be completed in full before a number can be issued.*

This application form is used to obtain a Medical Services Plan (MSP) practitioner number, which is required for pharmacists to order select laboratory medicine tests for eligible MSP beneficiaries. For more information, go to: gov.bc.ca/pharmacistlabreferral

After obtaining an MSP practitioner number, pharmacists must register with laboratory operators before ordering laboratory tests. The form for registering with laboratory operators can be downloaded from: phsa.ca/plms/forms-test-information/updating-practitioner-information/pharmacists

Please complete all fields, including checkboxes. Your completed form and a copy of your CPBC registration card can be either faxed to 250-405-3592 or mailed to Health Insurance BC using the address at the bottom of the form. Your MSP practitioner number will be mailed to the address you enter in section 2. To inquire about the status of your application, contact HIBC Help Desk at 1-800-554-0225 (hold for a representative).

## 1. PERSONAL INFORMATION

| | SURNAME | GIVEN NAME (FIRST) | GIVEN NAME (SECOND) |
|---|---|---|---|
| LEGAL NAME | | | |

| DATE OF BIRTH | MM | DD | YYYY | ◯ M ◯ F ◯ OTHER | CITIZENSHIP | **If non-Canadian, indicate your status in Canada.** |
|---|---|---|---|---|---|---|
| | | | | | | |

## 2. BUSINESS INFORMATION

| PHARMACY NAME (PRIMARY WORKPLACE) | | |
|---|---|---|
| PRIMARY WORKPLACE ADDRESS | CITY | POSTAL CODE |
| | | |

| PHONE NUMBER | FAX NUMBER | EMAIL ADDRESS |
|---|---|---|
| | | |

## 3. REGISTRATION

| GRADUATED FROM (NAME OF POST-SECONDARY INSTITUTION) | YEAR OF GRADUATION FROM PHARMACY PROGRAM |
|---|---|
| | |

| COLLEGE OF PHARMACISTS OF BC REGISTRATION # | INCLUDED |
|---|---|
| | ☐ COPY OF COLLEGE REGISTRATION AS FULL PHARMACIST |

## 4. DECLARATION AND SIGNATURE

I understand that this MSP practitioner number is solely to enable me to request laboratory services in accordance with the *Laboratory Services Act* (LSA). I also understand that having an MSP practitioner number does not designate me as a practitioner under the *Medicare Protection Act* (MPA) or authorize me to claim for payment for any benefits under the LSA or MPA. I confirm that all information provided above is accurate, and that I must inform Health Insurance BC of any changes to the information, including (but not limited to) changes to my licensing/registration status.

SIGNATURE

DATE SIGNED

Personal information is collected under the authority of the *Medicare Protection Act* and section 26 (a), (c) and (e) of the *Freedom of Information and Protection of Privacy Act* for the purposes of administration of the Medical Services Plan. If you have any questions about the collection and use of your personal information, please contact the Health Insurance BC Chief Privacy Office at Health Insurance BC, Chief Privacy Office, PO Box 9035 STN Prov Govt, Victoria BC V8W 9E3 or call 604-683-7151 (Vancouver) or 1-800-663-7100 (toll free).

Mailing Address: Provider Programs, PO Box 9480 Stn Prov Govt, Victoria BC V8W 9E7
Tel: (Lower Mainland) 604 456-6950, (Rest of BC) 1 866 456-6950 FAX: 250 405-3592 Web: **www.hibc.gov.bc.ca**



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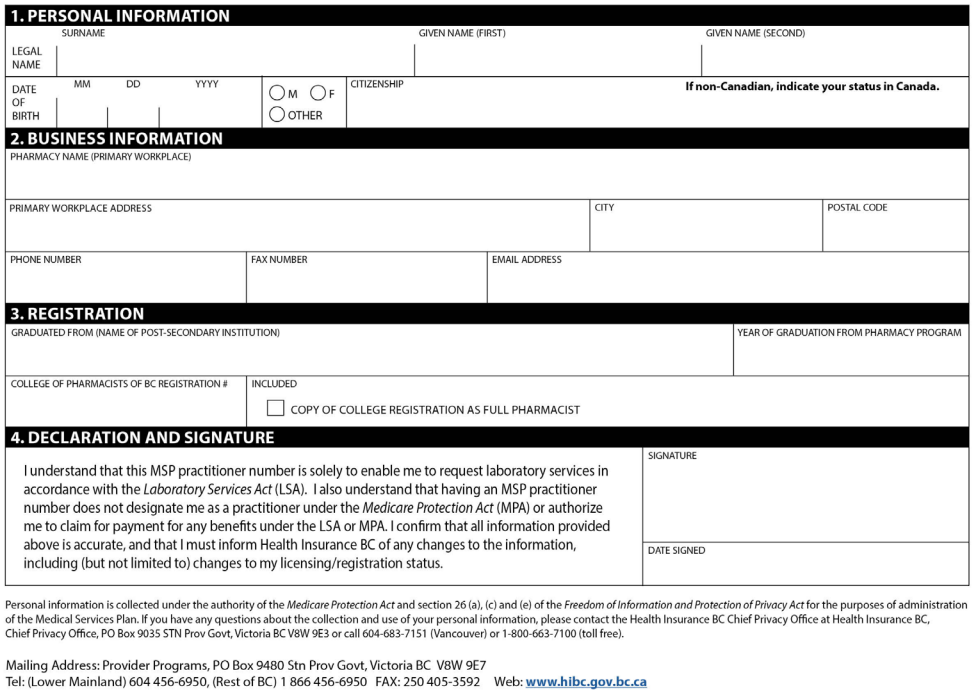
## FOR INFORMATION – Application for MSP Practitioner Number for Pharmacists

This page provides information and clarification for each of the sections of the "Application for MSP Practitioner Number for Pharmacists". Before completing the form, please review the information and instructions on the Ministry of Health's website: gov.bc.ca/pharmacistlabreferral

**All fields must be completed, including check box fields.**



**1. PERSONAL INFORMATION**

SURNAME | GIVEN NAME (FIRST) | GIVEN NAME (SECOND)

LEGAL NAME

DATE OF BIRTH MM DD YYYY | ◯ M ◯ F ◯ OTHER | CITIZENSHIP | If non-Canadian, indicate your status in Canada.

**2. BUSINESS INFORMATION**

PHARMACY NAME (PRIMARY WORKPLACE)

PRIMARY WORKPLACE ADDRESS | CITY | POSTAL CODE

PHONE NUMBER | FAX NUMBER | EMAIL ADDRESS

**3. REGISTRATION**

GRADUATED FROM (NAME OF POST-SECONDARY INSTITUTION) | YEAR OF GRADUATION FROM PHARMACY PROGRAM

COLLEGE OF PHARMACISTS OF BC REGISTRATION # | INCLUDED ☐ COPY OF COLLEGE REGISTRATION AS FULL PHARMACIST

**4. DECLARATION AND SIGNATURE**

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Tel: (Lower Mainland) 604 456-6950, (Rest of BC) 1 866 456-6950 FAX: 250 405-3592 Web: **www.hibc.gov.bc.ca**

1. **PERSONAL INFORMATION**
   Please provide your personal information in full.

2. **BUSINESS INFORMATION**
   HIBC will use this information about your primary workplace to contact you, including mailing your MSP Practitioner Number. Please name only one location, even if you work in multiple settings.

3. **REGISTRATION**
   Please provide the name of the post-secondary institution where you completed your entry-to-practice pharmacy training (e.g., BSc in Pharmacy, entry-to-practice PharmD), and the year you graduated from the program. Please ensure that you provide a copy of your College of Pharmacists of British Columbia Registration card. Note: Applicants who are not recognized as a "full pharmacist" do not qualify for an MSP Practitioner Number.

4. **DECLARATION AND SIGNATURE**
   The declaration outlines the legal responsibility for use of an MSP Practitioner Number and the expectation that the applicant will inform HIBC in a timely manner of any changes to the information provided in the application form and/or to their registration status with the College of Pharmacists of British Columbia.

Send your completed form and copy of your College Registration card via fax at 250-405-3592
or by mail: Provider Programs
PO Box 9480 Stn Prov Govt
Victoria, B.C. V8W 9E7

NOTE: **After** obtaining an MSP practitioner number, pharmacists **must** register with laboratory operators before ordering laboratory tests. The form for registering with laboratory operators can be downloaded from: phsa.ca/plms/forms-test-information/updating-practitioner-information/pharmacists.