



APPLICATION FOR MSP PRACTITIONER NUMBER FOR PHARMACISTS

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

1. PERSONAL INFORMATION

Form section 1: Personal Information. Fields include: SURNAME, LEGAL NAME, GIVEN NAME (FIRST), GIVEN NAME (SECOND), DATE OF BIRTH (MM, DD, YYYY), CITIZENSHIP (M, F, OTHER), and a note for non-Canadian status.

2. BUSINESS INFORMATION

Form section 2: Business Information. Fields include: PHARMACY NAME (PRIMARY WORKPLACE), PRIMARY WORKPLACE ADDRESS, CITY, POSTAL CODE, PHONE NUMBER, FAX NUMBER, and EMAIL ADDRESS.

3. REGISTRATION

Form section 3: Registration. Fields include: GRADUATED FROM (NAME OF POST-SECONDARY INSTITUTION), YEAR OF GRADUATION FROM PHARMACY PROGRAM, COLLEGE OF PHARMACISTS OF BC REGISTRATION #, INCLUDED, and a checkbox for COPY OF COLLEGE REGISTRATION AS FULL PHARMACIST.

4. DECLARATION AND SIGNATURE

Form section 4: Declaration and Signature. Includes a declaration text: 'I understand that this MSP practitioner number is solely to enable me to request laboratory services in accordance with the Laboratory Services Act (LSA)...' and fields for SIGNATURE and 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.

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

## 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:

<https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/pharmacare/pharmacies/lab-tests>.

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

### 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 mail or fax:

Provider Programs

PO Box 9480 Stn Prov Govt

Victoria, B.C. V8W 9E7

fax 250-405-3592

The image shows a form titled "APPLICATION FOR MSP PRACTITIONER NUMBER FOR PHARMACISTS" from Health Insurance BC. The form is divided into four main sections: 1. PERSONAL INFORMATION, 2. BUSINESS INFORMATION, 3. REGISTRATION, and 4. DECLARATION AND SIGNATURE. Section 1 includes fields for legal name, date of birth, citizenship, and gender. Section 2 includes fields for primary workplace address, phone number, fax number, and email address. Section 3 includes fields for graduation from post-secondary institution and pharmacy program, and a checkbox for "COPY OF COLLEGE REGISTRATION AS FULL PHARMACIST". Section 4 includes a declaration statement and a signature line. The form also includes a privacy notice and contact information for Health Insurance BC.