



This form must be submitted between Friday, May 29, 2026 to 11:59 pm, June 4, 2026. Forms submitted after that date will not be considered. Only approved pharmacies will be contacted. Applications received after 11:59 pm, Thursday, June 4, will not be considered.

Visit the web page Medication Administration Program (MAP) for information about the program. The program runs from July 15, 2026, to January 2027.

All fields are mandatory. All information must be accurate and true.

PHARMACY INFORMATION
Operating name, Site ID, Address, City, Province, Postal Code, Mailing address, Phone number, Fax number, Primary email, First and last name of site manager, Manager college ID

HEALTH PROFESSIONALS PROVIDING MAP SERVICE ON PHARMACY'S BEHALF

The service must be provided by a B.C. licensed healthcare professional or care aide registered in the BC Care Aide & Community Health Worker Registry, within their scope of practice. PharmaCare may contact the people on this list.

Table with 3 columns: Name (First, Last), Enter professional licence type or "care aide", Professional licence number or care aide registration number

HEALTH PROFESSIONALS PROVIDING MAP SERVICE ON PHARMACY'S BEHALF

- I certify that the pharmacy will provide and claim for eligible MAP services only.
I certify that only B.C. regulated health professionals and/or B.C.-registered care aides will provide MAP services within the appropriate scope of practice.
I certify that all MAP services will be provided to a B.C. resident enrolled in MSP.
I certify that I will cease to provide MAP services to any client who no longer meets the criteria.
If approved to provide MAP, 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 regulations.
I understand that PharmaCare may refuse my application.
I understand that if this application is approved, PharmaCare may approve or deny clients on the roster.

Signature, Name (print), Date signed, Role/title

Fax to: PharmaCare Information Support: 250 405-3599. If you are having trouble faxing to that number, fax to 778 696-2123