

# PharmaCare Provider Enrolment Guide

**A step-by-step guide  
to submitting your  
enrolment application**

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## Understanding PharmaCare enrolment

Under Section 11(1) of the [Pharmaceutical Services Act](#), pharmacies, facilities, or other places that provide drugs, devices, substances or related services may apply to enrol as PharmaCare providers. The Act came into effect on May 31, 2012.

The [Provider Regulation](#) defines criteria for enrolment and the ongoing responsibilities of PharmaCare providers. If you are enrolling as PharmaCare provider, you will want to bookmark or print the Regulation for easy reference. The Regulation came into effect on December 1, 2015.

### Who should enrol

A site wishing to enrol as a PharmaCare provider should complete this application for:

- The site to receive payment for providing PharmaCare benefits to PharmaCare-eligible individuals, and/or
- PharmaCare-eligible individuals to receive payment for PharmaCare benefits provided by the provider's site.

### About this guide

This guide gives step-by-step instructions on how to enrol as a PharmaCare provider. Online versions of this guide and the forms are available at [www.gov.bc.ca/pharmacareforhealthprofessionals](http://www.gov.bc.ca/pharmacareforhealthprofessionals).

Important: Providing false or inaccurate information in the enrolment process is a serious matter. You may wish to seek legal advice on completing the form(s).

### Support

If you need support enrolling as a PharmaCare provider, contact our support team:

- Vancouver: (604) 682-7120
- Elsewhere in BC: 1-800-554-0225

## General instructions

To complete the form online, you will need the latest (free) version of Adobe Acrobat Reader from <http://get.adobe.com/reader/>

If completing the forms by hand, please print clearly.

Do not submit your enrolment form more than 3 months before your site's proposed opening date. Fill out all sections that apply at the time of enrolment.

Important: If information on your enrolment form changes before your enrolment is approved, you must resubmit the form. If your information changes after approval, submit a [PharmaCare provider change form \(HLTH 5433\)](#). Refer to Notification requirements on page 14.

## Definitions

The definitions below paraphrase several definitions in the Provider Regulation. In the case of a conflict in meaning, the regulation's definitions prevail.

**Billing privileges:** The privilege of seeking payment from PharmaCare or another [public insurer](#) for providing benefits.

**Information or billing contravention:** Contravention of a [pharmacy enactment](#) or any legislation equivalent to a pharmacy enactment in another Canadian jurisdiction or a requirement of a [public drug insurance program](#) related to:

- Providing false, incomplete or misleading information (e.g., submitting false claims)
- Not providing required information
- Obstructing a person exercising a power or duty (e.g., an auditor)
- Anything resulting in suspension or cancellation of [billing privileges](#)
- Contravention of a [pharmacy enactment](#), the [E-Health Act](#), the [Freedom of Information and Protection of Privacy Act](#), the [Personal Information Protection Act](#), the [Health Professions Act](#) or regulation made under them related to the collection, use and disclosure of personal information

**Manager:** As declared on the first page of the PharmaCare Enrolment Form (section 1e). For pharmacies, the manager as defined in the [Pharmacy Operations and Drug Scheduling Act](#). For other provider types, the manager of the site.

**Owner:**

- A sole proprietor
- A partner
- In the case of a publicly traded corporation, including a publicly traded subsidiary corporation:
  - The corporation
  - The officers and director

- In the case of a corporation that is not publicly traded corporation, including a subsidiary corporation:
  - The corporation
  - The officers, directors and shareholders
- In the case of a subsidiary corporation that is not publicly traded and which has a parent corporation that is not publicly traded, the officers, directors and shareholders of the parent corporation

**Pharmacy enactment:** The [Pharmaceutical Services Act](#), [Continuing Care Act](#), [Medicare Protection Act](#), [Pharmacy Operations and Drug Scheduling Act](#), the [Pharmacists, Pharmacy Operations and Drug Scheduling Act](#) or any regulation made under these acts.

**Provider:** An entity that is enrolled in PharmaCare for the purpose of receiving payment.

**Public drug insurance program:** The First Nations Health Authority (FNHA) program, the Non-Insured Health Benefits (NIHB) program or a drug and/or medical device program of a provincial or territorial government of Canada other than B.C. (e.g., Ontario Drug Benefit program).

**Public insurer:** The First Nations Health Authority (FNHA), the government of Canada, or a provincial or territorial government of Canada.

**Relevant audit:** An audit conducted under a [pharmacy enactment](#) or by a [public insurer](#) in relation to the insurer's [public drug insurance program](#). For example, relevant audit includes audits conducted by PharmaCare and NIHB, but not audits conducted by municipal governments or the Canada Revenue Agency.

**Site ID:** The unique identification code (e.g., A01) issued to the site by the Ministry of Health, through Health Insurance BC. Also known as the Pharmacy Code or , PharmaCare Code/ID.

## Enrolment form fields

### Section 1 – Site information

**A—Operating Name:** The name of the site you want to enrol.

**Pharmacies** should provide the Operating Name as shown on their pharmacy licence and submit a copy of the pharmacy licence as soon as it is issued.

**Device providers** should provide the Operating Name as shown on their business licence and submit a copy of the business licence as soon as it is issued.

**B—Site ID:** The unique identification code issued to the site by Health Insurance BC (e.g., A01), also known as the Pharmacy Code or PharmaCare Code/ID.

**C—Site Address:** The street address of the site location. This must be a street address, not a box number (e.g., 123 Main Street).

**D—Mailing Address:** The address where PharmaCare should send correspondence; this may be a box number. Include only if different from Site Address.

**E—Payment Remittance Address:** The address where PharmaCare should send payment advices; this may be a box number. Include only if different from Site Address.

**F—Email Address:** The email address where you can be contacted about this application (e.g. the manager or site's email address).

**G—Manager Name/Registration ID:** Full name of the current [manager](#) of the site.

**Pharmacies:** Enter the name of the pharmacy manager as it appears on their pharmacist licence and their College of Pharmacists of BC Registration ID (the 5-digit number, which may have a leading 0).

**Device providers:** Leave the Registration ID field blank.

**H—Proposed Opening Date:** The date the site will be open for business. Must be within 3 months of the application.

## Section 2 – Provider type

A provider can be enrolled in more than one class and/or subclass if they meet the requirements for each.

A community pharmacy that serves Plan B facilities and has a trained breast prosthesis fitter onsite should select:

- **Community Pharmacy** class
  - **Plan B Pharmacy** sub-class
- **Device** class
  - **Breast Prosthesis Provider** Device sub-class

A community pharmacy that dispenses ostomy supplies needs to select only the **Community Pharmacy** class.

A site that provides ostomy and/or diabetes supplies but is not a pharmacy should select:

- **Device** class
  - **Other** in the Device sub-class section

A recognized limb prosthetist would select:

- **Device** class
  - **Limb Prosthesis Provider** sub-class

### A—Pharmacy class

Pharmacies may enrol as a **Community Pharmacy** or an **Out-Patient Hospital Pharmacy**, based on the pharmacy's licence. Include a copy of your pharmacy licence with your application.

In-patient-only pharmacies cannot enrol.

### B—Pharmacy sub-classes

Pharmacies may enrol in the **Opioid Agonist Treatment (OAT) Provider** sub-class. To enrol, a pharmacy must confirm that all pharmacists providing OAT have successfully completed the British Columbia Pharmacy Association (BCPhA) Opioid Agonist Treatment Compliance and Management Program for Pharmacy (OAT-CAMPP) training program.

This rule applies to all pharmacy managers, staff pharmacists, and relief pharmacists employed in a community pharmacy that provides pharmacy services related to buprenorphine/naloxone maintenance treatment, methadone maintenance treatment or slow-release oral morphine maintenance treatment.

A pharmacy can enrol in the **Plan B Pharmacy** sub-class. The pharmacy or the facility being serviced must provide a copy of the facility licence to Health Insurance BC once it is available.

Pharmacies that provide general medical supplies (such as diabetes supplies, insulin pumps and supplies, blood glucose test strips and ostomy supplies) do not need to apply for enrolment in the **Device** class unless they provide one or more of the following:

- Compression garments
- Limb prostheses
- Breast prostheses
- Ocular prostheses
- Orthoses

### C—Device class

Sites that provide medical devices and supplies may enrol in the **Device** class. Please include a copy of your business licence to enrol (unless you are enrolling a pharmacy).

## D—Device sub-class

Device providers can enrol in the following subclasses: **Compression Garment Provider**, **Limb Prosthesis Provider**, **Breast Prosthesis Provider**, **Ocular Prosthesis Provider**, and **Orthosis Provider**. Device providers enrolling in these sub-classes must confirm that each person providing benefits is recognized by the appropriate board/manufacturer (refer to Sub-class eligibility below).

Device providers not applying for any of the sub-classes above should select the **Insulin Pump Manufacturer/Distributor** or **Other** sub-class if providing diabetes and/or ostomy supplies.

### Section 3 – Sub-class eligibility

If you answered No to any of the Section 2 questions that apply to your site, attach a written explanation describing why PharmaCare should enrol you in this sub-class. You cannot be enrolled unless you meet the requirements or the Ministry of Health determines that enrolling your site would not present a risk to the integrity of PharmaCare or would be in the public interest.

### Section 4 – Software vendor

If you use PharmaNet to submit claims, name your software vendor and software version. Contact your software vendor for more information if necessary.

Please note that the [PharmaNet](#) access process is separate from provider enrolment. To request access to PharmaNet, you must first register your pharmacy as a site in PRIME.

The Ministry of Health must approve your access to PharmaNet in PRIME before your selected PharmaNet software vendor can set up your access to PharmaNet. Details, including step-by-step instructions, can be found at [PRIME](#). Note that you can register using a current municipal business licence if you don't yet have the CPBC licence for the pharmacy — this helps avoid delays. We do our best to coordinate provider enrolment and PRIME processes, but this does rely on timely and complete submission of all required information for both.

### Section 5 – Owner information

You will need to provide different information depending on how the site is owned.

#### A—Type of ownership

Indicate how the site is owned:



- **Sole proprietorship** - if the site is owned by a single person. If you are part of an incorporated sole proprietorship, check “corporation” only
- **Partnership** - if the site is owned by two or more people
- **Corporation** - if the site is owned by a corporation
- **Health authority** - if the site is an out-patient hospital pharmacy owned or operated by a health authority
- **Other** - if the site has a different ownership type. Please describe the ownership of the site

## B—Registered or legal name of sole proprietor, partnership, corporation or health authority

- For a sole proprietorship, the name of the person who owns the site
- For a partnership, the name of the partnership
- For a corporation, the registered name of the corporation (e.g. 1234567 BC Ltd.)
- For an out-patient hospital pharmacy, the name of the health authority

## C—Mailing address/contact information

The address where the sole proprietorship/partnership/corporation/health authority can be contacted. Include phone number, fax number and email address.

## D—Owner documentation requirements

Please ensure the [Site ID](#) is listed on all documents submitted. Provide all the following, if applicable. Please consult your legal counsel if you are unsure what documentation to include.

For a partnership, provide the list of partners and contact information on [Schedule A: Owner Details \(PDF, 513KB\)](#)

For B.C. incorporated corporations that are not publicly traded, including subsidiary corporations\*, provide a copy of the BC Company Summary, the securities register and any relevant provisions of any shareholder agreements with respect to the operation of the site.

For B.C. incorporated publicly traded corporations, including any subsidiary corporations, provide a copy of the BC Company Summary. You do not need to provide information on the directors, officers or shareholders for any parent corporations.

For federally incorporated corporations that are not publicly traded, including any subsidiary corporations\*, provide the names and contact information of all officers and directors on [Schedule A: Owner Details \(PDF, 513KB\)](#), a copy of the shareholders register

and any relevant provisions of any shareholder agreements with respect to the operation of the site.

For federally incorporated publicly traded corporations, including subsidiary corporations, provide the names and contact information of all officers and directors on [Schedule A: Owner Details \(PDF, 513KB\)](#). You do not need to provide information on the directors, officers or shareholders for any parent corporations.

For all corporations, provide a copy of any powers of attorney in respect of the corporation (showing the names and contact information of all persons who may exercise a power of attorney).

\* Note: For subsidiary corporations that are not publicly traded and which have a parent corporation that is not publicly traded, you must also include—for the parent corporation—the names and contact information of all officers and directors on [Schedule A: Owner Details](#) and a copy of the shareholder's register and any relevant provisions of any shareholder agreements with respect to the operation of the site.

## Section 6 – Additional sites

You need to provide more information if any [owner](#) or [manager](#) of the site you are applying to enrol also owns or manages:

- Other sites in B.C. (even if they are not enrolled in PharmaCare), and/or
- Sites outside of B.C. that are enrolled in PharmaCare.

Please provide the owner's name, the [operating name](#), position held and [Site ID](#) of these other sites on [Schedule B: Additional Sites \(PDF, 513KB\)](#). If you are an owner who is enrolling multiple sites at the same time, please complete Schedule B once and attach a copy to each site's application.

If your site is a subsidiary corporation, provide information on the directors, officers and shareholders of the parent corporation if both the subsidiary and the parent corporation **are not** publicly traded. If either the subsidiary corporation or the parent corporation is publicly traded, you do not need to provide information on directors, officers or shareholders of the parent corporation.

If the owner of your site owns another site outside of B.C. that is not enrolled/has not applied to enrol in PharmaCare, you do not need to provide that site's operating name.

## Section 7 – Additional information

Everyone applying must answer questions 1-8. If you want to enrol as both a device provider and a pharmacy, answer all questions in this section. To enrol as a pharmacy only,

answer questions 9-11. If you want to enrol as a device provider only, skip questions 9-11 but answer question 12.

If you answer Yes to any of the questions in section 7 of the Enrolment Form, please provide the additional information requested below on [Schedule C: Additional Information \(PDF, 498KB\)](#).

If you answer Yes to any of the questions, attach a written explanation describing why PharmaCare should enrol you. If you answer Yes to any questions besides questions 8, 11 or 12, the Ministry of Health must determine that enrolling your site:

- Would not present a risk to the integrity of PharmaCare, or
- Would be in the public interest.

Question	Information to include if you answered Yes
<b>1a</b>	<ul style="list-style-type: none"> <li>• Name(s) of owner/manager currently required to pay the monies</li> <li>• To whom the amount must be paid</li> <li>• Amount owing</li> <li>• Payment due date</li> <li>• Audit period (e.g., January 1, 2024, to December 31, 2024)</li> <li>• Name and Site ID (if applicable) of site audited</li> </ul>
<b>1b</b>	<ul style="list-style-type: none"> <li>• Name of entity (corporation or person) currently required to pay the monies</li> <li>• Name of the person who owned/managed the site during the audit period</li> <li>• To whom the amount must be paid</li> <li>• Amount owing</li> <li>• Payment due date</li> <li>• Audit period (e.g. January 1, 2024, to December 31, 2024)</li> <li>• Name and Site ID (if applicable) of site audited</li> </ul>
<b>2a</b>	<ul style="list-style-type: none"> <li>• Name(s) of site owner/manager who was the subject of order or conviction</li> <li>• Description and date/time of events that resulted in the order or conviction</li> <li>• Name of entity that issued the order or conviction</li> <li>• Date of order or conviction</li> <li>• Name and Site ID of site where events that resulted in the order or conviction took place (if applicable)</li> </ul>

Question	Information to include if you answered Yes
	<ul style="list-style-type: none"> <li>• Penalty imposed as a result of order or conviction (e.g., fine, imprisonment)</li> </ul>
<b>2b</b>	<ul style="list-style-type: none"> <li>• Name(s) of owner/manager of this site who owned/managed the other site when the information or billing contravention occurred</li> <li>• Description and date/time of events that resulted in the order or conviction</li> <li>• Name of entity that issued the order or conviction</li> <li>• Date of order or conviction</li> <li>• Name and Site ID (if applicable) of site in relation to which the order or conviction was issued</li> <li>• Penalty imposed as a result of order or conviction (e.g., fine, imprisonment)</li> </ul>
<b>3a</b>	<ul style="list-style-type: none"> <li>• Name(s) of owner/manager whose billing privileges are suspended</li> <li>• Description and date/time of events that resulted in the suspension of billing privileges</li> <li>• Name of entity that suspended billing privileges</li> <li>• Period for which billing privileges are suspended</li> <li>• Name and Site ID (if applicable) of site in relation to which billing privileges are suspended</li> </ul>
<b>3b</b>	<ul style="list-style-type: none"> <li>• Name(s) of owner/manager of this site who owns/manages the other site for which billing privileges are suspended</li> <li>• Description and date/time of events that resulted in the suspension of billing privileges</li> <li>• Name of entity that suspended the billing privileges</li> <li>• Period for which the billing privileges are suspended</li> <li>• Name and Site ID (if applicable) of site in relation to which billing privileges are suspended</li> </ul>
<b>4a</b>	<ul style="list-style-type: none"> <li>• Name(s) of owner/manager of site whose billing privileges were cancelled</li> </ul>

Question	Information to include if you answered Yes
	<ul style="list-style-type: none"> <li>• Description and date/time of events that resulted in the cancellation of billing privileges</li> <li>• Name of entity that cancelled billing privileges</li> <li>• Date of cancellation</li> <li>• Name and Site ID (if applicable) of site in relation to which billing privileges were cancelled</li> </ul>
4b	<ul style="list-style-type: none"> <li>• Name(s) of owner/manager who owned/managed the other site when the incident giving rise to the cancellation of billing privileges occurred</li> <li>• Description and date/time of events that resulted in cancellation of billing privileges</li> <li>• Name of entity that cancelled billing privileges</li> <li>• Date of cancellation</li> <li>• Name and Site ID (if applicable) of site in relation to which the billing privileges were cancelled</li> </ul>
5	<ul style="list-style-type: none"> <li>• Name(s) of owner/manager of site against whom the judgement was issued</li> <li>• Description and date/time of events in relation to which the judgement was issued</li> </ul>
6	<ul style="list-style-type: none"> <li>• Name(s) of owner/manager of site who was convicted of any offence prescribed in section 22 (1) of the Provider Regulation</li> <li>• Specify for which of the following offence(s) the owner/manager was convicted: <ul style="list-style-type: none"> <li>○ Sections <a href="#">362</a>, <a href="#">366</a>, <a href="#">380</a>, <a href="#">388</a>, <a href="#">389</a>, <a href="#">392</a>, <a href="#">397</a>, <a href="#">402</a>, <a href="#">402.2</a>, <a href="#">403</a> and <a href="#">408</a> of the <i>Criminal Code</i></li> <li>○ <a href="#">Section 5</a> of the Controlled Drugs and Substances Act</li> <li>○ <a href="#">Section 46</a> of the Controlled Drugs and Substances Act related to: <ul style="list-style-type: none"> <li>▪ <a href="#">Part 2</a> of the Benzodiazepines and Other Targeted Substances Regulations</li> <li>▪ <a href="#">Sections 30-45</a> of the Narcotic Control Regulations</li> </ul> </li> </ul> </li> <li>• Description and date/time of events that resulted in conviction</li> <li>• Name of court that issued the conviction</li> <li>• Date of conviction</li> <li>• The name and Site ID (if applicable) of site where events that resulted in the conviction took place</li> <li>• Penalty imposed because of conviction (e.g., fine, imprisonment)</li> </ul>
7	<ul style="list-style-type: none"> <li>• Name(s) of owner/manager of site whose PharmaCare enrolment was cancelled</li> </ul>

Question	Information to include if you answered Yes
	<ul style="list-style-type: none"> <li>• Description and date/time of events that resulted in cancellation of PharmaCare enrolment</li> <li>• Date of cancellation</li> <li>• Name and Site ID of site in relation to which PharmaCare enrolment was cancelled</li> <li>• Which class/sub-class was cancelled (e.g., Opioid Agonist Treatment Provider, Plan B)</li> </ul>
8	<ul style="list-style-type: none"> <li>• Name of owner of site who was a director of a corporation that declared or was petitioned into bankruptcy</li> <li>• When bankruptcy was declared/petitioned</li> </ul>
9	<ul style="list-style-type: none"> <li>• Name(s) of owner/manager of site whose pharmacy licence has been suspended or cancelled</li> <li>• Description and date/time of events that resulted in the suspension or cancellation</li> <li>• Name of entity that suspended or cancelled the licence</li> <li>• Period of suspension or date of cancellation</li> <li>• Name and Site ID (if applicable) of site in relation to which licence was suspended or cancelled</li> </ul>
10	<ul style="list-style-type: none"> <li>• Name(s) of owner/manager of site whose registration as a pharmacist was suspended or cancelled</li> <li>• Description and date/time of the events that resulted in suspension or cancellation of registration</li> <li>• Name of governing body of pharmacists that suspended or cancelled the registration</li> <li>• Period of suspension or date of cancellation</li> </ul>
11	<ul style="list-style-type: none"> <li>• Name(s) of owner/manager of site upon whom limits or conditions were imposed as a result of disciplinary actions taken by a governing body of pharmacists (e.g., College of Pharmacists of BC, Alberta College of Pharmacists)</li> <li>• Description and date/time of events that resulted in limits or conditions being imposed</li> <li>• Description of limits or conditions imposed</li> <li>• Name of governing body that imposed limits or conditions</li> <li>• Date that limits or conditions were imposed and, if applicable, removed</li> <li>• Name and Site ID (if applicable) of site in relation to which limits or conditions were imposed</li> </ul>

## Question Information to include if you answered Yes

<b>12</b>	<ul style="list-style-type: none"><li>• Name(s) of owner/manager of site upon whom limits, conditions or prohibitions were imposed as a result of disciplinary actions taken by the Canadian Board for Certification of Prosthetists and Orthotists</li><li>• Description and date/time of events that resulted in limits, conditions or prohibitions being imposed</li><li>• Description of limits, conditions or prohibitions imposed</li><li>• Date that limits, conditions or prohibitions were imposed and/or removed</li><li>• Name and Site ID (if applicable) of site in relation to which limits, conditions or prohibitions were imposed</li></ul>
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## Signature of authorized representative of applicant

The “applicant” is the legal owner. For example, if the site is owned by a corporation, the applicant is the corporation.

Field name	Instructions
<b>Signature</b>	Signature of authorized representative of applicant
<b>Name</b>	Name of authorized representative of applicant
<b>Title</b>	Title of authorized representative of applicant
<b>Date signed</b>	Date the form was signed
<b>Phone number</b>	Phone number where applicant’s authorized representative can be reached

## Submitting your application

Submit your application and related documents by mail, fax or by courier:

**Mailing address:**

PharmaCare Information Support  
Health Insurance BC  
P.O. Box 9683  
Victoria B.C., V8W 9P2

**Fax:** 250-405-3599

**Courier address:**

PBC Solutions Ltd.  
2261 Keating Cross Road, block B – unit  
#200

## Notification requirements

If your enrolment is approved, you will receive a Welcome Package. The Welcome Package will include lots of important information, including your duties and obligations as a PharmaCare provider. PharmaCare may delay or suspend payments if you do not abide by your duties and obligations.

Among your duties and obligations, as the owner of a site you must notify PharmaCare in advance of changes to your business (such as changes to ownership and management) and PharmaNet connection.

To notify PharmaCare of changes, you will use the [PharmaCare provider change form \(HLTH 5433\) \(PDF, 1.3MB\)](#). You must submit the form within a required period of time as specified below.

No **less than 7 days before** change takes effect for changes in:

- Provider contact information
- Business/operating or corporate name
- Owner information
- Manager
- Location
- Power of Attorney

Cancellation of a sub-class enrolment:

- **30 days before services will end** if cancelling Opioid Agonist Treatment sub-class
- The last day of the month before the last full month that services will be provided if cancelling Plan B sub-class (e.g., May 31 if the last full month of services is June)
- As soon as reasonably practicable if cancelling a Device Provider sub-class

Adding a sub-class:

- At **least 21 days** before your requested effective date

Disposition (sale) or closure of your site:

- **At least 30 days** prior to the change

**Immediately:**

- 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