



College of Pharmacists of Manitoba

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2018 ACADEMIC REGISTER APPLICATION

To the Council of the College of Pharmacists of Manitoba:

I _____
(Last Name) (First Name) (Middle Name(s))

of _____
(Mailing Address) (City or Town) (Province) (Postal Code)

Telephone Number: _____ Email Address: _____

make application to be placed on the Academic Register of the College of Pharmacists of Manitoba and may be referred to as a "Pharmacy Resident". I understand my name will remain on the Register for the requested period of time, or until it is removed by Council, or upon my request in writing to be removed in advance of the dated noted.

I am a Graduate of _____,
(School or College) (Province) (Year)

Date of Birth MM/DD/YY _____ P.E.B.C. Registration # _____

I am currently licensed to practice pharmacy in the following provinces/territories of Canada (include all) and will have forwarded a letter of standing directly to the College of Pharmacists from each jurisdiction listed:

Licence number	Province/Territory
_____	_____
_____	_____

I declare that I will be receiving additional knowledge and training at the licenced pharmacy and under the supervision of the licensed pharmacist as listed below:

Pharmacy: _____ Supervising Pharmacist: _____

I declare that my scope of learning and training at the above pharmacy will be: _____

I declare my learning and training will be concluded on the date of _____, at which time my name can be removed from the Academic Register.

Certificate of Registration and Licensure:

**In support of my registration and licensure application, I submit (or will have forwarded) the following documents and fees:
(Please Note: All Fees Are Non-refundable)**

1. a cheque in the amount of \$114.71 (GST included) for the registration fee, made payable to the College of Pharmacists of Manitoba or complete the credit card information:
VISA or M/C Number: ____ / ____ / ____ / ____ **Exp. Date:** M M / Y Y
2. a notarized passport size and style photograph. *
(The photograph must be affixed to a piece of plain white paper, sealed across the photograph and paper and the statement “The photograph is a true likeness of (applicant’s full name printed)”, and signed by the Notary Public.)
3. an original letter of standing, including any conditions, directly from the licensing body (directly to the College of Pharmacists of Manitoba) from the jurisdiction(s) where I am currently a member and/or licensed. (The letter of standing must be dated and signed within 6 months prior to completing the Academic Registration application process.)
4. a statement declaring that I do not suffer from a physical or mental condition, including an addiction to alcohol or drugs, that may interfere with my ability to practice in a safe and effective manner.
5. a criminal record check from the Royal Canadian Mounted Police or any other Canadian police service, which confirms the check was completed using Canadian Police Information Centre (CPIC) and/or based on the National Repository of Criminal Records (of Canada). (I understand this document must be satisfactory to the Board of Examiners and dated within six months of this application.)

***All documents requiring verification must be notarized by a Notary Public within Canada. All photographs must be pasted directly onto a piece of white paper with a Notary Public’s seal over one corner of the picture so that it cannot be removed.**

Information provided on this application: Every applicant for registration must provide information to the registrar that is truthful and accurate to the best of the applicant's knowledge, and must update the information if it changes during the registration process.

_____ Date of Application	X _____ Signature of Applicant
 X _____ Signature of Supervising Pharmacist	
 _____ Licence Number of Supervising Pharmacist	