



College of Pharmacists of Manitoba

200 TACHE AVENUE, WINNIPEG, MANITOBA R2H 1A7
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2017 CONDITIONAL REGISTRATION AND CONDITIONAL LICENSURE APPLICATION FOR A NEW GRADUATE OF THE UNIVERSITY OF MANITOBA

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 for conditional registration with the College of Pharmacists of Manitoba. This registration will expire six months after registration is completed, but may be extended by the Board of Examiners upon re-application.

I will be doing my Competency Assessment Tool internship under _____ (Preceptor's Name)

At _____ (Pharmacy Name) commencing _____ (upon approval of the College).

REGISTRATION:

In support of my registration 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 \$77.19 (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: MM / YY
2. confirmation of graduation from the University of Manitoba College of Pharmacy.
3. 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 prior to commencing my internship.) *
4. a child abuse registry check under *The Child and Family Services Act* and an adult abuse registry check under *The Adult Abuse Registry Act* that is satisfactory to the Board of Examiners and dated within six months prior to commencing my internship.) *

* Unless previously provided to the College of Pharmacists of Manitoba

DECLARATION:

I, _____ in the City of _____ in the province of _____ declare that
(Applicant's Full Name, please print)

- i. I am not under suspension or investigation by any health profession regulatory body governing the practice of pharmacy in Canada or another country.
- ii. I have not had an application to practice a health care profession denied.
- iii. I have not been disciplined by another regulatory body responsible for the regulation of pharmacists or another health profession.

- iv. I currently have, or previously have had, no conditions placed on my ability to engage in the practice of a health profession.
- v. I have not been found civilly liable for professional negligence or malpractice in relation to the practice of a health profession.
- vi. I am not currently the subject of proceedings with respect to a criminal offence or an offence under an Act regulating the practice of pharmacists or related to the sale of drugs.
- vii. 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.
- viii. There is nothing in my past conduct that would provide grounds for belief that I will not engage in the practice competently and with decency, integrity and honesty and in accordance with the law.
- ix. I am covered for professional liability insurance that provides a minimum of \$2,000,000 per claim or per occurrence and a minimum \$4,000,000 annual aggregate.

I make this declaration conscientiously believing it to be true.

Declared this _____ day of _____, 20_____. _____
 (Date) (Month) (Year) (Signature of Applicant)

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.

Change of Information: If there is any change in the information provided on this application, the applicant must report the change to the registrar without delay. The report must be in writing and include as much detail about the change as the registrar requires.

LICENSURE:

Upon completion of the registration requirements and in support of my licensure with the College, 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 \$602.29 (GST included) for the licence fee, made payable to the College of Pharmacists of Manitoba or complete the credit card information:
 VISA or M/C Number: ___/___/___/___ Exp. Date: MM/YY
2. this declaration that my scope of practice will be:
 patient care administrative education or research other _____
3. Letter of recommendation from my preceptor(s) recommending that I be registered and licensed by the College.

RELEASE OF WORK MAILING ADDRESS

I give my consent to the College of Pharmacists of Manitoba to provide my work mailing address to other organizations for the purpose of forwarding information by mail consistent with policy established by Council.

Yes No

SERVING ON COMMITTEES

I am interested in serving on a committee of the College.

Yes No

(Please Note: Changing from the conditional Register to the permanent Register will be assessed the general administrative fee by the College.)

Date of Application

X_____
Signature of Applicant