



# College of Pharmacists of Manitoba

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## 2018 APPLICATION FOR REGISTRATION AND INITIAL LICENSURE FOR GRADUATES OF A FACULTY OF PHARMACY OUTSIDE OF CANADA

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 registration with the College of Pharmacists of Manitoba.

I am a Graduate of \_\_\_\_\_,  
(School or College) (Country) (Year)

Date of Birth \_\_\_\_\_  
MM / DD / YY

My initial PEBC application process started outside of Canada: Yes or No (please circle)

P.E.B.C. (5 digit) Registration # \_\_\_\_\_

Gateway (7 digit) National ID # \_\_\_\_\_

The details of my employment during the three years prior to the date of this application are:

Year	Details of Employment
_____	_____
_____	_____
_____	_____

### 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 \$722.67 (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. 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. a \*notarized copy of my birth certificate  
**If you have changed your name from what is on your birth certificate, you must attach a notarized copy of the applicable marriage, divorce, or name change certificate to your application.**

4. a copy of my Pharmacy Examining Board of Canada (PEBC) Qualification Certificate and/or a copy of my letter from PEBC confirming qualification (the date thereof must be within three years prior to completing registration with the College)
5. documentation directly from the fluency assessment centre to the College that I have obtained the minimum fluency requirements and I understand the date thereof must be within two years prior to completing registration with the College).
6. a \*notarized copy of my Canadian Citizenship, Permanent Resident Card, or Work Visa
7. an original letter of standing directly from the licensing body from the jurisdiction where I am currently a member and/or licensed or, if I am not currently a member in any jurisdiction, where I most recently had a membership/licence, or, a certified copy directly from PEBC to the College. **If you are enrolled in Pharmacists' Gateway Canada, the College will be able to download your letter directly.** (The letter of standing must be dated and signed within 24 months of licensure in Manitoba.) Should I be unable to provide a letter of standing to satisfy this requirement, I will provide a signed and notarized affidavit confirming that I am (i) unable to provide a current letter of standing because \_\_\_\_\_ (enter the reason why you cannot obtain an updated letter of standing) from \_\_\_\_\_ (indicate the licensing body where you currently have or had a licence) in \_\_\_\_\_ (indicate city and country), and, (ii) I have not worked as a pharmacist since leaving my practice from \_\_\_\_\_, the country of my last licensure, and (iii) I confirm that I have no history or outstanding matters of discipline or complaint investigation as a Pharmacist.
8. A current 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 record check must be dated within six months prior to commencing my internship.)
9. A current 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. (I understand these registry checks must be dated within six months prior to commencing my internship.)
10. A \*notarized statement declaring that, in Manitoba or anywhere in the world, that:
  - 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 been denied an application to practice as a health care professional.
  - 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.

**\*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.**

Once all the above information is provided, I agree to complete my registration qualifications by:

1. successfully completing a jurisprudence examination, and,
2. serving an internship, and will complete the preceptor application form and provide it to the College for approval prior to beginning the internship training, with a favorable recommendation from my approved preceptor.

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 above, 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.

\_\_\_\_\_ X \_\_\_\_\_  
Date of Application Signature of Applicant

**Licensure: (This information must be completed at time of initial registration)**

**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)

**Practicing License Fee, members levy & NAPRA levy:**

<u>If Licensing between</u> <u>Jan 1 and June 30</u>	<u>If Licensing between</u> <u>July 1 and Dec 31</u>
\$851.60	\$513.76
\$ 42.58 GST	\$ 25.69 GST
<b>\$894.18</b>	<b>\$539.45</b>
\$100.00 Members Levy	\$100.00 Members Levy
<b>\$994.18</b>	<b>\$639.45</b>

**Enter New Fees**

1. a cheque 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 [ ] supervisory or administrative [ ] education or research [ ] other \_\_\_\_\_
3. this declaration that 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.

**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

\_\_\_\_\_ X \_\_\_\_\_  
Date of Application Signature of Applicant