



College of Pharmacists of Manitoba

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2017 APPLICATION FOR REGISTRATION AND INITIAL LICENSURE UNIVERSITY OF MANITOBA GRADUATE

(Title)	(Last Name)	(First Name)	(Middle Name(s))
(Mailing Address)	(City)	(Province)	(Postal Code)
(Telephone Number)	(Email Address)	(Work Phone Number)	

Section A 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 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 satisfactory to the Board of Examiners and dated within six months prior to commencing my internship.)
2. a child abuse registry check under *The Child and Family Services Act* and an adult abuse registry check under *The Adult Abuse Registry Act*. (I understand these registry checks must be satisfactory to the Board of Examiners and dated within six months prior to commencing my internship.)

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)

Section B In addition and in support of my licensing application, I submit the following information and fees: (PLEASE NOTE: ALL FEES ARE NON-REFUNDABLE)

Scope of practice (check all that apply):

patient care supervisory or administrative education or research other _____

Primary Employer: _____

Secondary Employer (if applicable): _____

Tertiary Employer (if applicable): _____

RELEASE OF WORK MAILING ADDRESS

I give my consent to the College 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

CPhM COMMITTEES

Would you be interested in serving on a Committee of the College? Yes No

Registration (section A) and 2017 Practicing Licence (Section B): \$647.12 + \$32.36 GST = \$679.48

Payment by cheque in the amount of \$679.48 for the registration and 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

Registration (section A only) Fee: \$73.51 + \$3.68 GST = \$77.19

Payment by cheque in the amount of \$75.60 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

Section C If applying for a Registration and a NON-PRACTICING MEMBERSHIP:

It is not my intention to enter the practice of Pharmacy in Manitoba during the College's current fiscal period. Therefore I request my name be placed on the Register of Pharmacists as a Non Practicing Member:

Registration (section A) and 2017 Non-Practicing Licence (Section C) \$190.93 + \$9.55 = \$200.48

Signature of Applicant

Date of Application