2020 APPLICATION FOR REGISTRATION AS A STUDENT OF THE COLLEGE OF PHARMACISTS OF MANITOBA

To the Registrar:

I hereby make application for registration as a student under the provisions of The Pharmaceutical Act. In compliance with the regulations to the Pharmaceutical Act, this application is filed:

on or before December 31st in the year of my entering of the Faculty of Health Sciences, College of Pharmacy at the University of Manitoba,
or, for all other approved Council approved Faculties, at least 30 days in advance of my intention to begin work as a student in Manitoba.

The following documents are submitted herewith in conformity with the regulations governing the registration of students:

1) 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.)
2) a notarized copy of Birth Certificate,
3) a statement witnessed by the Dean, or his or her designate, that:
   i. 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.
   ii. I agree to practice as a student in accordance with the Act, regulation, by-laws, code of ethics, standards of practice and practice directions. 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.
   iii. I am presently registered as a student at the Faculty of Health Sciences, College of Pharmacy at the University of Manitoba.
   iv. I have attended grades 9 to 12 in a Canadian school where the language of education was either English or French and I agree that my language proficiency will be part of my assessment in the undergraduate program and, further, I may be required to be assessed for my fluency prior to registration and licensure with the College of Pharmacists of Manitoba, and
   v. I have attended 32 weeks of rotations through the Faculty of Health Sciences, College of Pharmacy at the University of Manitoba.

4) Fee of: $28.63 (GST Included) (Non-Refundable Fee)
   Payment Method:
   □ Cheque (Payable to the College of Pharmacists of Manitoba)
   □ Interac (made at the College office)
   □ VISA or /MC Number: ________ / ________ / ________ / ________ Exp. Date: MM / YY

   (Date) _______________________________ (Signature of Applicant) _______________________________

*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.