



College of Pharmacists of Manitoba
200 TACHE AVENUE, WINNIPEG, MANITOBA R2H 1A7
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**2017 TEMPORARY CERTIFICATE OF REGISTRATION
AND
TEMPORARY LICENSURE 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 for temporary certificate of registration with the College of Pharmacists of Manitoba. Subject to an earlier cancellation by Council, this registration will **expire three months** after registration is completed, but may be extended by the Council upon re-application.

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

Date of Birth _____ P.E.B.C. (five digit) Registration # _____
(MM / DD / YY)

I am currently licensed to practice pharmacy in the following provinces/territories of Canada (include all):

Licence number	Province/Territory
_____	_____
_____	_____

I declare that I have supervised or engaged in the practice of pharmacy for at least 600 hours during the last three years with the employer(s) listed below.

I declare there is an urgent need for pharmacist services which cannot be met by a pharmacist currently licensed in Manitoba. Please be advised of the following details of the urgent need, the scope of my practice, place of practice and the supportive documents attached to this application:

I declare that I am presently competent to administer drugs by injection and I received authorization on _____ in the province of _____, and I plan to use this competency during this temporary certificate and licensure.

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 \$107.21 (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. an original letter of standing, including any conditions, directly from the licensing body from the jurisdiction(s) where I am currently a member and/or licensed, (The letter of standing must be dated and signed within six months of licensure in Manitoba.)
4. a *notarized statement declaring 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 will practice in accordance with the Act, regulations, by-laws, code of ethics, standards of practice and practice directions, and any applicable federal legislation.
 - iii. My scope of scope of practice will include one or more of: patient care; supervisory or administrative; education or research; and/or (other) _____
 - iv. 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.

***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.

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

Date of Application

X

Signature of Applicant