



College of Pharmacists of Manitoba

200 Tache Avenue, Winnipeg, Manitoba R2H 1A7
Phone (204) 233-1411 | Fax: (204) 237-3468
E-mail: info@cphm.ca | Website: www.cphm.ca

APPLICATION FOR PHARMACY TECHNICIAN WITH THE COLLEGE OF PHARMACISTS OF MANITOBA

To the Registrar:

I hereby make application to attain pharmacy technician status with the College of Pharmacists of Manitoba in compliance with the regulations to *The Pharmaceutical Act*.

(Last Name)	(First Name)	(Middle Name{s})
(Address)	(City)	(Postal Code)
(E-mail address)	(Phone Number)	(Date and Place of Birth, Month, Day, Year)
(Name of Pharmacy Technician Training Program and year of a graduation, if any)	(Year)	

In support of my application, I submit (or will have provided) the following documents and fees: (PLEASE NOTE: ALL FEES ARE NON-REFUNDABLE)

1. a cheque in the amount of \$ 52.50 for the application 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. One passport size photograph of myself *(approx. 1 x 1 ½ inches) (The photograph should be placed on a piece of plain white paper, with a notary seal across both the photograph and paper and must be signed beside the photograph by the Notary Public.)
3. a *notarized copy of my birth certificate.
4. a *notarized copy of; my graduation certificate from a Canadian Council for Accreditation of Pharmacy Programs (CCAPP) approved pharmacy technician training program or, confirmation of successful completion of the Technician Bridging Program as approved by Council, or, a letter(s) of standing (directly to the College of Pharmacists of Manitoba), from all provincial jurisdiction(s) where I am currently approved to practice as a Pharmacy Technician.
5. a copy of my Pharmacy Examining Board of Canada (PEBC) Pharmacy Technician Qualification Certificate and/or a copy of my letter from PEBC confirming qualification.
6. written confirmation from the supervising pharmacist or pharmacy technician indicating that I have successfully completed the Council required structure practical training, or, letter(s) of standing (directly to the College of Pharmacists of Manitoba) from all provincial jurisdiction(s) where I am currently approved to practice as a Pharmacy Technician.
7. confirmation from the College that I have successfully completed a jurisprudence examination as established by the College.
8. a signed declaration 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 comply with the regulations that require participation in a performance review, at a minimum of once every two years, that includes: a minimum of 600 hours of practice over a three year period, a review of my job performance, and, confirmation of attaining the Council approved professional development requirement (a minimum of 15 CEUs per year, 5 of which must be from an accredited source).

(DATE)

(SIGNATURE OF APPLICANT)

PLEASE NOTE: It is the responsibility of the applicant to contact the College to make sure that the application is completed as required.

* All documents verified from outside of Manitoba need to be notarized (by a Notary Public) whereas notarized or certified (by a Commissioner of Oaths) would be acceptable for documents verified in Manitoba.