

Canadian CCAPP Pharmacy Program Student Application Checklist

Step 1: Application Form and Requirements

Gather the following documents before signing up and creating a new profile in CPhM's [Registrant Portal](#):

1. Notarized copy of **two** pieces of government-issued identification; one of which must be Canadian and one of which must have a photo
 - The Notary Public within Canada must sign and include the following statement on the copy: **"The photo identification is a true likeness of (Applicant's FULL NAME printed)."**
 - If you had a legal **name change**, you must add your previous names on the form and attach a notarized copy of the document supporting this change (i.e. marriage certificate or name change certificate).

2. Student Declaration Form

Processing Time:	7-10 business days
Fee(s): <i>See the fee schedule for more details.</i>	Initial Application Fee

Note: When signing up or creating account in the Registrant Portal, you will be asked to select a designation between "Pharmacist" or "Pharmacy Technician". Please select "Pharmacist" even if you're registering through this pathway.

Step 2: CPhM Final Review and Approval

Once you have successfully completed all steps and have submitted the required forms and documentation, you are eligible to be registered by CPhM. You will receive a notice by email once your application has been approved.

The Registrar and/or the Board of Examiners retain the authority to consider each individual application on its own merits and to exercise discretion in setting additional conditions of that applicant, based on the individual particulars of that application.

Processing time:	7-10 business days
Fee(s): <i>See the fee schedule for more details.</i>	None

Questions?

If you have any questions or concerns, please contact registration@cphm.ca.

Pharmacy Program Student Declaration

FULL NAME:	
DATE OF BIRTH (<i>Month Day, Year</i>):	
CANADIAN CCAPP ACCREDITED PHARMACY PROGRAM:	
STUDENT NUMBER:	

Please check all that applies:

I am presently registered as a student at the Faculty or College of Pharmacy indicated on this application.

I have successfully graduated from a high school, community college, private career college, or university program in Canada that was at least three years in duration and delivered in English. As part of this program, I completed three consecutive English language courses. Second-language or additional-language courses are not accepted as proof. I may be required to be assessed for my fluency prior to registration and licensure with the College of Pharmacists of Manitoba (CPhM) if a trigger is identified in accordance with the [CPhM Language Proficiency Requirements Policy](#).

I have provided the Dean’s office with a criminal record check document 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 do not suffer from a physical or mental condition, including an addiction to alcohol or drugs, which may interfere with my ability to practice pharmacy in a safe and effective manner.

I agree to practice as a student in accordance with [The Pharmaceutical Act](#), the [Pharmaceutical 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.

Student’s Signature:

Date Signed by Student:

Witness Name:

Witness Signature (Dean or Designate):

Date Signed by Witness:
