



COLLEGE OF PHARMACISTS OF MANITOBA
200 TACHÉ AVENUE
WINNIPEG, MANITOBA R2H 1A7
PHONE. 204.233.1411 FAX (204) 237-3468
EMAIL: INFO@CPHM.CA

COMMITTEE EXPRESSION OF INTEREST FORM

Thank you for your interest in becoming a committee member with the College of Pharmacists of Manitoba (CPhM). The public relies on the CPhM Council, and by extension, its committees, to achieve its mandate and uphold the public interest.

Composition of each committee is set out in its terms of reference and consists of Council members, members of the public, pharmacists and pharmacy technicians. Many positions are appointed by Council. More information about CPhM committees can be found at <https://cphm.ca/about-the-college/council-members/>.

The CPhM considers many factors when selecting committee members, including experience, areas of practice and expertise, and other special skills or attributes. It is not always possible to match the number of interested volunteers to the number of available vacancies.

Any questions or comments can be directed to info@cphm.ca.

Applicant Information	
Name:	
License or Listing Number (if applicable):	
Email Address:	
Phone (primary):	Phone (other):
Address:	

Practice Information
Current area(s) of practice:

Areas of Interest
Describe your pharmacy practice interests:
Which committee(s) interest you most?

Leadership

Identify leadership roles that you have provided within the profession or within your community:

Goals and Objectives

Why are you interested in serving as a committee member?

Qualities

Describe yourself and why you think you would be a good committee member:

Declarations

Please answer the following questions by indicating YES or NO.	YES	NO
1. I have met all registrant obligations, required under regulation and by-law.		
2. Are you currently, or have you ever been, the subject of an investigation, proceeding, or suspension from practice which relates to your suitability to practice a health profession, including pharmacy, in any jurisdiction in Canada or elsewhere?		
3. Have you ever been the subject of a disciplinary finding by the College of Pharmacists of Manitoba, or any other professional regulatory authority in Manitoba, Canada, or elsewhere?		

Signature	Date (DD / MM / YYYY)
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Please submit the following documents to info@cphm.ca:

- Committee Expression of Interest Form
- Up-to-date resume or curriculum vitae

It is recommended that you retain a copy of originals for your records.