



College of Pharmacists of Manitoba

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INTERN APPLICATION FOR THE COLLEGE OF PHARMACISTS OF MANITOBA (for applicants presently on the student register)

To the Registrar: I hereby make application to be an intern under the provisions of *The Pharmaceutical Act* and I am presently on the student register with the College.

Last Name: _____ First Name: _____

(Mailing Address) _____ (City) _____ (Province) _____ (Postal Code) _____

(E-mail address) _____ (Telephone Number) _____

DECLARATION:

I, _____ in the City of _____ in the Province of _____ declare that
(Intern's Full Name, please print)

- a) 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, and that therefore makes it desirable in the public interest that I not be registered as an intern;
- b) I have not been convicted of an offence that makes me unsuitable for registration as an intern;
- c) I understand that my practice as an intern will be conducted in accordance with *The Act*, regulations, by-laws, code of ethics, standards of practice and practice directions; and
- d) I am currently enrolled at the University of Manitoba, Faculty of Health Sciences, College of Pharmacy and will serve at least 240 hours of internship prior to graduation.

I make this declaration conscientiously believing it to be true.

Declared this _____ day of _____, 20_____.
(Date) (Month) (Year) (Signature of Intern)

At the completion of my undergraduate program, I will provide the Registrar:

- o the name of the pharmacist and practice location for my 360 hours of postgraduate internship,
- o 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 understand this document must be dated within six months prior to commencing my internship.)
- o a child abuse registry check under *The Child and Family Services Act* that is satisfactory to the Board of Examiners, and, (I understand this document must be dated within six months prior to commencing my internship.)
- o an adult abuse registry check under *The Adult Abuse Registry Act* that is satisfactory to the Board of Examiners. (I understand this document must be dated within six months prior to commencing my internship.)

The following is submitted herewith in conformity with the regulations governing the registration of interns:

- 1) Fee of \$27.53 (GST Included) (Non-Refundable Fee)

Payment Method:

- Cheque (Payable to the College of Pharmacists of Manitoba)
- Interac (made at the College office)
- VISA or M/C Number: _____ / _____ / _____ / _____ Exp. Date: MM/YY

*** All documents requiring verification must be notarized by a Notary Public. All photographs must be pasted directly onto a piece of white paper with the Notary Public's seal over the picture so that it cannot be removed.**