



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

2019 APPLICATION FOR REGISTRATION AND INITIAL LICENSURE UNDER THE CANADIAN MOBILITY AGREEMENT

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 registration with the College of Pharmacists of Manitoba.

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

Date of Birth _____ P.E.B.C. (5 digit) Registration # _____
MM / DD / YY

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

Licence number	Province/Territory
_____	_____
_____	_____

Registration:

In support of my registration 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 \$737.13 (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. a *notarized copy of my birth certificate
If you have changed your name from what is on your birth certificate, you must attach a notarized copy of the applicable marriage, divorce, or name change certificate to your application.



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4. an original current letter of standing, including any conditions, mailed directly to the College from the provincial licensing body from the jurisdiction(s) in Canada where I am currently licensed. (I understand the letter of standing must be dated within six months prior to licensure within Manitoba.)
5. a current criminal record check 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 record check must be satisfactory to the Board of Examiners and dated within six months prior to licensure within Manitoba.)
6. a current child abuse registry check under *The Child and Family Services Act* and an adult abuse registry check under *The Adult Abuse Registry Act*. (I understand these registry checks must be satisfactory to the Board of Examiners and dated within six months prior to licensure within Manitoba.)
7. A *notarized statement declaring that, in Manitoba or anywhere in the world, that:
 - i. I am not under suspension or investigation by any health profession regulatory body governing the practice of pharmacy in Canada or another country.
 - ii. I have not been denied an application to practice as a health care professional.
 - iii. I have not been disciplined by another regulatory body responsible for the regulation of pharmacists or another health profession.
 - iv. I currently have, or previously have had, no conditions placed on my ability to engage in the practice of a health profession.
 - v. I have not been found civilly liable for professional negligence or malpractice in relation to the practice of a health profession.
 - vi. I am not currently the subject of proceedings with respect to a criminal offence or an offence under an Act regulating the practice of pharmacists or related to the sale of drugs.
 - vii. I have not been convicted of an offence in Canada or any other jurisdiction.
 - viii. 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.
 - ix. 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.
8. successfully completing a jurisprudence examination.

***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.

Change of Information: If there is any change in the information provided above, the applicant must report the change to the registrar without delay. The report must be in writing and include as much detail about the change as the registrar requires.

Date of Application

X _____
Signature of Applicant



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Licensure: (This information must be completed at time of initial registration)

Upon completion of the registration requirements and in support of my licensure with the College, I submit (or will have forwarded) the following documents and fees: (Please Note: All Fees are Non-Refundable)

PRACTICING LICENCE FEE, MEMBER LEVY & NAPRA LEVY:

**If Licensing between
Jan 1 and June 30**

\$868.63

\$ 43.43 GST

\$912.06

\$100.00 Members Levy

\$1,012.06

**If Licensing between
July 1 and Dec 31**

\$524.04

\$ 26.20 GST

\$550.24

\$100.00 Members Levy

\$650.24

1. a cheque for the licence 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. this declaration that my scope of practice will be:
[] patient care [] supervisory or administrative [] education or research [] other _____
3. [] this declaration that I am or will be 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. I understand that this coverage must be in place before I can practice as a pharmacist within Manitoba.

CPhM Professional Development (PD) Requirement

According to the Regulations to the Manitoba *Pharmaceutical Act*, pharmacists must qualify in at least one of the following categories:

Indicate with an "X" the category that applies:

- I have met the Professional Development Requirement in the province where I am currently licensed.
- I have met the College requirement of 25 hours (at least 15 of which must be accredited) and will keep a three year record of learning activities in my online professional development profile, through the College's website, and the necessary supportive documents.
- I received my first practicing licence in 2018 or 2019 (please circle one). (College Council accepts Entry to Practice Training in 2018 or 2019 (please circle one) undergraduate or internship as meeting the PD requirement for a practicing licence in 2019.)
- I am currently enrolled in postgraduate studies in a health care profession with a Faculty from a Council approved University (e.g. Faculty of Pharmacy, Faculty of Medicine). College Council accepts evidence of enrolment, such as a course transcript, as meeting the Professional Development Requirement for a practicing licence in 2019.

Practice Hours Requirement



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According to the Regulations to the Manitoba *Pharmaceutical Act*, pharmacists must qualify in at least one of the following categories.

Indicate with an “X” the category that applies for the previous three years prior to the licensing year being applied for:

I have supervised or engaged in the practice of pharmacy for at least 600 hours with the employer(s) listed below and have included a letter with this application directly from my primary employer confirming the hours worked.

I have served a period of internship to qualify for my licensure in another province.

I have obtained a degree in pharmacy from a program approved by the College’s Council that includes a training program equivalent to an internship.

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

Serving on Committees

I am interested in serving on a committee of the College.

Yes No

Date of Application

X _____
Signature of Pharmacist