



# College of Pharmacists of Manitoba

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## 2024 APPLICATION FOR REGISTRATION AS STUDENT OF THE COLLEGE OF PHARMACISTS OF MANITOBA

### APPLICANT CONTACT INFORMATION

Last Name	First Name	Middle Name(s)	
Mailing Address	City	Province	Postal Code
Mobile Phone Number	E-Mail Address	Date of Birth (YYYY / MM / DD)	
Name of University Currently Enrolled as a Student		Student Number	

### To the REGISTRAR

I hereby make application for registration as a student under the provisions of *The Pharmaceutical Act*. In compliance with the regulations to the *Pharmaceutical Act*, this application is filed:

Select one.

<input type="checkbox"/>	on or before December 31 <sup>st</sup> in the year of my entering the College of Pharmacy, Rady Faculty of Health Sciences, University of Manitoba
<input type="checkbox"/>	for all other Faculties, approved by Council, at least 30-days in advance of my intention to begin work as a student in Manitoba

I understand that while enrolled in the first four years of an educational program approved by the Council of the College, I must apply and qualify as a pharmacy student. During the last year (graduation year) of the educational program, I need to apply and qualify as an intern. My intern status will continue until I have successfully completed 32 weeks of rotations through the College of Pharmacy, Rady Faculty of Health Sciences, University of Manitoba.

### REGISTRATION DOCUMENTS

In support of my application for registration, confirming with the regulations governing the registration of students, I submit the following:

Check all that are submitted.

<input type="checkbox"/>	<b>1. PHOTOGRAPH</b> A passport size and style photograph**. The photograph must be affixed to a piece of plain white paper, with notarized seal across the photograph. The statement "The photograph is a true likeness of [Applicant's FULL NAME Printed]" and signed by the Notary Public.
<input type="checkbox"/>	<b>2. COPY OF BIRTH CERTIFICATE</b> A notarized copy* of 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.

**3. A STATEMENT, WITNESSED BY THE DEAN, OR THEIR DESIGNATE, THAT:**

- a) 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 in a safe and effective manner.
- b) I agree to practice as a student in accordance with the *Act*, 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.
- c) I am presently registered as a student at the Faculty or College of Pharmacy indicated on this application.
- d) 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).
- e) I have attended grades 9 to 12 in a Canadian school where the language of education was either English or French and I agree that my language proficiency will be part of my assessment in the undergraduate program and, further, I may be required to be assessed for my fluency prior to registration and licensure with the College of Pharmacists of Manitoba.

**FEES & PAYMENT**

<b>Student Registration</b>	\$51.00 + \$2.55 GST =	<b>Total</b> <b>\$ 53.55</b>
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When your application is received at the College office, you will be notified by email that an invoice has been generated and is ready for payment.

Payments are accepted by:

**1. Visa or MasterCard**

If you choose to pay by credit card, you will be advised to pay online through your registrant portal.

**2. Cheque**

If you choose to pay by cheque, print a copy of the invoice and mail both the invoice and cheque to the College Office. Cheque made payable to the **College of Pharmacists of Manitoba**

**Please Note: All Fees are NON-REFUNDABLE**

**\*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 photo so that it cannot be removed.**

By signing this application, I attest that:

- The information I provide to the Registrar, herein, is truthful and accurate to the best of my knowledge.
- I will notify the College promptly, in writing, of any changes to information contained herein.

Signature of Applicant	Date
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