

**College of Pharmacists of Manitoba
Election to Council 2022
Candidate Profile and Statement**

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| NAME OF CANDIDATE FOR ELECTION | ELECTORAL DISTRICT |
| REGISTRATION INFORMATION | |
| Years of Practice as a Pharmacist: _____ Year Registered with CPhM _____ | |
| Other provinces in which you are registered as a pharmacist: | |
| PRACTICE INFORMATION | |
| Current place(s) of Employment: | |
| Employment history of past 5 years | |
| <p>I confirm that to my knowledge: (please initial to confirm)</p> <p>_____ I have not been found guilty of unskilled practice or professional misconduct by the Discipline Committee at any time and have not been the subject of an adverse finding pursuant to Section 54 of the Act within the past three years; and</p> <p>_____ I am practicing the profession of pharmacy in the Electoral District in which I am seeking election; and</p> <p>_____ I am not an employee of CPhM, nor am I engaged in a contract or assignment providing goods or services to CPhM.</p> <p>If you cannot provide the above confirmation, you may provide a brief statement below about a finding or an investigation, which will be published instead of the above statement.</p> | |

Describe your pharmacy practice interests

Identify any advanced practice designations that you have achieved through a nationally or provincially recognized certification/accreditation program(s):

LEADERSHIP

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

ROLE OF THE REGULATOR

Describe the mandate of College of Pharmacists of Manitoba.

Describe the role of a health profession regulator.

Describe the role of Council.

GOALS AND OBJECTIVES

Describe your goals and objectives, as a Council member, if elected to CPhM Council.

QUALITIES

Describe qualities about yourself that would assist you to successfully serve as a Council member.

| DECLARATION AND SIGNATURE | |
|--|-------------|
| I declare that all the information, provided herein, is accurate and truthful to the best of my knowledge. | |
| Signature of Candidate | Date |