COLLEGE OF PHARMACISTS OF MANITOBA

# Letter of Standing Affidavit

**Full Name:** _____

**Address:** _____

**Date Of Birth (***Month, Day, Year***):** _____

**Email Address:** _____

I hereby confirm that (Please select one):

☐ I currently have a license with the following regulatory body, and have not worked as a pharmacist since leaving my practice in this jurisdiction:

*Regulatory Body's Name:* _____

*Type of License/Registration:* _____

*City and Country:* _____

☐ I previously had a license with the following regulatory body, and have not worked as a pharmacist since leaving my practice in this jurisdiction:

*Regulatory Body's Name:* _____

*Type of License/Registration:* _____

*City and Country:* _____

☐ I have never been registered or licensed as a pharmacist in Canada or anywhere in the world.

I am unable to provide a current Letter of Standing from the regulatory body(ies) above due to the following reason(s):

_____

_____

_____

**Applicant's Signature:** _____

**Date Signed:** _____

**Notary Public Signature***:* _____

**Date Signed:** _____

**Notary's contact information:** _____

**Notary's Legal Seal:**