



College of Pharmacists of Manitoba

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2020 CONDITIONAL REGISTRATION AND CONDITIONAL LICENSURE APPLICATION FOR A NEW GRADUATE OF THE UNIVERSITY OF MANITOBA

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 conditional registration with the College of Pharmacists of Manitoba. This registration will expire six months after registration is completed, but may be extended by the Board of Examiners upon re-application.

I will be completing my Competency Assessment Tool internship under _____ (Preceptor's Name)

At _____ (Pharmacy Name) commencing _____ (upon approval of the College).

Registration:

In support of my registration application, I have previously submitted:

1. a 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), and
2. a child abuse registry check under *The Child and Family Services Act* and an adult abuse registry check under *The Adult Abuse Registry Act* that is satisfactory to the Board of Examiners.

In support of my registration application, I submit the following documents and fees: (Please Note: All Fees are Non-refundable)

3. a cheque in the amount of \$315.00 (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: M/M/YY
4. confirmation of graduation from the University of Manitoba College of Pharmacy.

* Unless previously provided to the College of Pharmacists of Manitoba

Declaration:

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

- i. I declare that **I never had** **I have** **I have had** a licence to practice pharmacy in any jurisdiction(s) in Canada or worldwide (other than Manitoba).

- ii. I declare that **I do** **I do not** hold current active practicing registration of any kind (including licensed pharmacist registration) in any jurisdiction(s) in Canada or worldwide (other than Manitoba). If applicable, indicate the jurisdiction(s) including Canada and worldwide here: _____
- iii. I declare that **I never have** **I have** been registered as a student, intern, academic, temporary, conditional, pharmacist, in any other jurisdiction in Canada or worldwide (other than Manitoba). If applicable, indicate the jurisdiction(s) and type of registration including Canada and worldwide here: _____
- iv. I declare that **I am** **I am not** under suspension or the subject of an investigation by a professional regulatory body governing the practice of pharmacy in Canada or another country.
- v. I declare that **I never had** **I have** **I have had** my registration/license revoked, suspended, restricted or subjected to individual terms and conditions by any regulatory authority in any jurisdiction.
- vi. I declare that **I am currently** **I have never been** **I have been** subject to an undertaking by any regulatory authority in any jurisdiction.
- vii. I declare that **I am currently** **I am not currently** **I have been** the subject of a finding of conduct unbecoming or professional misconduct or incompetence related to the practice of pharmacy or any other health profession in Canada or elsewhere.
- viii. I declare that **I am currently** **I am not currently** **I have been** the subject of a finding of professional negligence or malpractice in Canada or elsewhere.
- ix. I declare that **I never have** **I have** been denied registration or been the subject of a disciplinary finding by any professional regulatory body.
- x. I declare that **I do** **I do not** suffer from a physical or mental condition or disorder, including an addiction to alcohol or drugs, that may interfere with my ability to practice pharmacy in a safe and effective manner.
- xi. I declare that **I have** **I have not** suffered from a physical or mental condition or disorder, including an addiction to alcohol or drugs, that if it reoccurs, may interfere with my ability to practice pharmacy in a safe and effective manner.
- xii. I declare that **I have** **I have not** been charged, convicted, or found guilty (i.e. conditional discharge, absolute discharge or suspended sentence) of a criminal or regulatory offence in Canada or any other jurisdiction.
Date of Offence (if applicable): _____
- xiii. I declare that **I have** **I have not** been charged, convicted, or found guilty (i.e. conditional discharge, absolute discharge or suspended sentence) of careless driving causing death under *The Highway Traffic Act* of Manitoba, or similar legislation.
- xiv. I declare that **I am** **I am not** 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, and,

I make this declaration conscientiously believing it to be true.

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

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 on this application, 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.

Licensure:

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)

1. a cheque in the amount of \$589.62 (GST included) 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 [] administrative [] education or research [] other _____
3. Letter of recommendation from my preceptor(s) recommending that I be registered and licensed by the College.

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**

(Please Note: Changing from the conditional Register to the permanent Register will be assessed the general administrative fee by the College.)

Date of Application

X_____
Signature of Applicant