



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

2020 APPLICATION FOR REGISTRATION AND INITIAL LICENSURE FOR GRADUATES OF A FACULTY OF PHARMACY OUTSIDE OF CANADA

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 _____
 (Exact Name required of School or College) (Year of Graduation)

 (City and State/Province) (Country)

Date of Birth _____
 MM / DD / YY

My initial PEBC application process started outside of Canada: Yes or No (please circle one)

PEBC (5 digit) Registration # _ _ _ _ _ Please note this is not your PEBC ID #

Gateway (7 digit) National ID # _ _ _ _ - _ _ _

The details of my employment during the three years prior to the date of this application are:

Year	Name of Employer	City/Province/Country	Role or Title of Position
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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)

- a cheque in the amount of \$751.86 (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.
4. a copy of my Pharmacy Examining Board of Canada (PEBC) Qualification Certificate and/or a copy of my letter from PEBC confirming qualification (the date thereof must be within three years prior to completing registration with the College)
5. documentation directly from the fluency assessment centre to the College that I have obtained the minimum fluency requirements and I understand the date thereof must be within two years prior to completing registration with the College).
6. a *notarized copy of my Canadian Citizenship, Permanent Resident Card, or Work Visa
7. an original letter of standing, which must be dated and signed within 24 months of licensure in Manitoba:
 - directly from the licensing body from the jurisdiction where I am currently a member and/or licensed or, if I am not currently a member in any jurisdiction, where I most recently had a membership/licence;
 - or a certified copy directly from PEBC to the College;
 - or if I am enrolled in Pharmacists’ Gateway Canada, I will select Manitoba through my Gateway profile so that the letter of standing can be available to the College

Should I be unable to provide a letter of standing to satisfy this requirement, I will provide a signed and notarized affidavit confirming that:

- i. I am unable to provide a current letter of standing because _____ (enter the reason on the notarized affidavit why you cannot obtain an updated letter of standing) from _____ (indicate on the notarized affidavit) the licensing body where you currently have or had a licence) in _____ (indicate on the notarized affidavit the city and country);
 - ii. I have not worked as a pharmacist since leaving my practice from _____, the country of my last licensure, and
 - iii. I confirm that I have no history or outstanding matters of discipline or complaint investigation as a Pharmacist.
8. 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 dated within six months prior to commencing my internship.)
 9. 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* that is satisfactory to the Board of Examiners. (I understand these registry checks must be dated within six months prior to commencing my internship.)
 10. A *notarized statement with the following information (see website for a copy to download, under Registration and Licensure, Pharmacists From Outside of Canada, Step 2, #4):
 - 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.

***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.**

Once all the above information is provided, I agree to complete my registration qualifications by:

1. successfully completing a jurisprudence examination, and,
2. serving an internship, and have a preceptor application form provided it to the College for approval prior to beginning the internship training, with a favorable recommendation from my approved preceptor.

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

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:

If Licensing between Jan 1 and June 30	If Licensing between July 1 and Dec 31
\$943.63	\$561.54
\$ 47.18 GST	\$ 28.08 GST
\$990.81	\$589.62

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: M M / Y Y
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.

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 Applicant