



College of Pharmacists of Manitoba

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2024 APPLICATION REGISTRATION AND INITIAL LICENSURE GRADUATE OF UNIVERSITY OF MANITOBA

APPLICANT CONTACT INFORMATION

Last Name	First Name	Middle Name	
Mailing Address	City	Province	Postal Code
Mobile Phone Number	Work Phone Number	Work Fax Number	
E-Mail Address			

REGISTRATION HISTORY

Please answer the following questions by indicating YES or NO. If you answer YES to any of the questions, provide details in the space provided.	YES	NO
Have you previously held a licence to practice pharmacy in any jurisdiction, other than Manitoba, both in Canada and worldwide?		
If yes, indicate all jurisdictions, both in Canada and worldwide, that you previously held a licence to practice pharmacy:		
Do you currently hold a licence to practice pharmacy or another regulated profession in any jurisdiction, including Manitoba, Canada and worldwide?		
If yes, indicate all licences held, the category of licence or registration, and the jurisdiction licence is applicable:		
Have you ever been registered as a student, intern, academic, temporary, or conditional pharmacist in any jurisdiction, other than Manitoba, both in Canada and worldwide?		
If yes, indicate all types of registration and jurisdictions, both in Canada and worldwide:		

DISCLOSURES		
Please answer the following questions by indicating YES or NO. If you answer YES to any of the questions, provide details on a separate paper.	YES	NO
Are you the subject of a current investigation, proceeding, or suspension from practice which relates to your suitability to practice a health profession, including pharmacy, in any jurisdiction in Canada or elsewhere?		
Has your registration or licence to practice a health profession, including pharmacy, ever been revoked, suspended, restricted, or subject to individual terms or conditions by a regulatory authority in any jurisdiction in Canada or elsewhere?		
Have you ever been subject to an undertaking or formal agreement by a regulatory authority in any jurisdiction in Canada or elsewhere?		
Have you ever been the subject of a finding of conduct unbecoming, or professional misconduct, or incompetence related to the practice of a health profession, including the practice of pharmacy, in any jurisdiction in Canada or elsewhere?		
Have you ever been the subject of a finding of professional negligence or malpractice in any jurisdiction in Canada or elsewhere?		
Have you ever been denied registration by any professional regulatory authority, in any jurisdiction in Canada or elsewhere?		
Have you ever been the subject of a disciplinary finding by any professional regulatory authority, in any jurisdiction in Canada, or elsewhere?		
Do you currently, or have you ever had a physical or mental condition or disorder, including an addiction to alcohol or drugs, which may impair your ability to engage in professional practice in a safe and effective manner?		
Have you ever been charged, convicted, or found guilty (i.e. conditional discharge, absolute discharge, or suspended sentence) of a criminal or regulatory offence in Canada or elsewhere?		
Have you ever been charged, convicted, or found guilty (i.e. conditional discharge, absolute discharge, or suspended sentence) of careless driving causing death under <i>The Highway Traffic Act</i> of Manitoba, or similar legislation?		
DECLARATIONS		
Please respond to the following statements by indicating YES or NO.	YES	NO
I declare that I have met my obligation to secure adequate professional liability insurance coverage, as per Regulation, section 123.		
I hereby certify that I will engage in professional practice competently and with decency, integrity, and honesty and in accordance with the law.		
I hereby certify that the statements made by me in this application and all accompanying submissions are complete and accurate to the best of my knowledge and belief. I understand that a false or misleading statement may disqualify me from eligibility to practice or may be cause for revocation of a licence to practice that may be granted to me.		
I understand that I must notify the College, in writing, of any change to the information contained herein.		

REGISTRATION

In support of my application for registration, I have already submitted:

1. A satisfactory criminal record check, including a vulnerable sector search, from the Royal Canadian Mounted Police or another Canadian police service, which confirms the check was completed using Canadian Police Information Centre (CPIC) and based on the National Repository of Criminal Records of Canada
2. A satisfactory Adult Abuse Registry Check, as per *the Adult Abuse Registry Act*
3. A satisfactory Child Abuse Registry Check, as per *the Child and Family Services Act*

I understand the record and registry checks, Items 1 through 3, must meet all criteria, as set out in policy. A check is considered current if dated within six (6) months, or less, on the date received by the Registrar.

EMPLOYMENT INFORMATION

Please list contact information for all that apply

Primary Employer

Secondary Employer

Tertiary Employer

SCOPE OF PRACTICE

I declare that my scope of practice will be:

Patient Care

Supervisory or Administrative

Education or Research

Other:

FEES & PAYMENT

Upon completion of the registration requirements and in support of my application for registration and licensure with the College of Pharmacists of Manitoba, I submit the following fees. Check all that apply.

	Registration (required)	\$345.00 + \$17.25 GST =	\$ 362.25
	Practicing Licence Effective January 1 st to December 31 st	\$1031.00 + \$51.55 GST =	\$ 1082.55
	Practicing Licence Effective July 1 st to December 31 st	\$619.00 + \$30.95 GST =	\$ 649.95

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

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