



College of Pharmacists of Manitoba

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2022 UNIVERSITY OF MANITOBA INTERN APPLICATION FOR THE COLLEGE OF PHARMACISTS OF MANITOBA

APPLICANT CONTACT INFORMATION

Last Name	First Name	Middle Name(s)	
Mailing Address	City	Province	Postal Code
Mobile Phone Number	E-Mail Address	Date of Birth (MM / DD / YYYY)	
University of Manitoba Student Number			

DECLARATIONS

I declare that:

- a) I make application to be an intern under the provisions of the Pharmaceutical Act and I am presently on the Student Register with the College;
- b) I do not suffer from a physical or mental condition, including an addiction to alcohol or drugs, that may interfere with my ability to practice in a safe and effective manner, and that therefore makes it desirable in the public interest that I am not registered as an intern;
- c) I have not been convicted of an offence in Canada or any other jurisdiction that makes me unsuitable for registration as an intern;
- d) I understand that my practice as an intern will be conducted in accordance with The Act, regulations, by-laws, code of ethics, standards of practice and practice directions;
- e) I am currently enrolled at the University of Manitoba, Faculty of Health Sciences, College of Pharmacy and will serve at least 600 hours of internship prior to graduation; and
- f) I make these declarations conscientiously believing them to be true.

At the completion of my undergraduate program with the College of Pharmacy, Rady Faculty of Health Sciences, University of Manitoba, I will provide the Registrar:

- 1) the name of the pharmacist and practice location, if participating in the optional postgraduate internship,
- 2) 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. (I understand this record check must be dated within six months prior to licensure.)
- 3) a child abuse registry check under The Child and Family Services Act that is satisfactory to the Board of Examiners, and, (I understand this document must be dated within six months prior to licensure.)
- 4) an adult abuse registry check under The Adult Abuse Registry Act that is satisfactory to the Board of Examiners. (I understand this document must be dated within six months prior to licensure.)

FEES & PAYMENT

Intern Registration	\$27.82 + \$1.39 GST =	Total \$ 29.21
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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