



College of Pharmacists of Manitoba

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2024 APPLICATION FOR REGISTRATION AS STUDENT OF 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 (YYYY / MM / DD)	
Name of University Currently Enrolled as a Student		Student Number	

To the REGISTRAR

I hereby make application for registration as a student under the provisions of *The Pharmaceutical Act*. In compliance with the regulations to the *Pharmaceutical Act*, this application is filed:

Select one.

<input type="checkbox"/>	on or before December 31 st in the year of my entering the College of Pharmacy, Rady Faculty of Health Sciences, University of Manitoba
<input type="checkbox"/>	for all other Faculties, approved by Council, at least 30-days in advance of my intention to begin work as a student in Manitoba

I understand that while enrolled in the first four years of an educational program approved by the Council of the College, I must apply and qualify as a pharmacy student. During the last year (graduation year) of the educational program, I need to apply and qualify as an intern. My intern status will continue until I have successfully completed 32 weeks of rotations through the College of Pharmacy, Rady Faculty of Health Sciences, University of Manitoba.

REGISTRATION DOCUMENTS

In support of my application for registration, confirming with the regulations governing the registration of students, I submit the following:

Check all that are submitted.

<input type="checkbox"/>	1. PHOTOGRAPH A passport size and style photograph**. The photograph must be affixed to a piece of plain white paper, with notarized seal across the photograph. The statement "The photograph is a true likeness of [Applicant's FULL NAME Printed]" and signed by the Notary Public.
<input type="checkbox"/>	2. COPY OF BIRTH CERTIFICATE A notarized copy* of 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.

3. A STATEMENT, WITNESSED BY THE DEAN, OR THEIR DESIGNATE, THAT:

- a) I do not suffer from a physical or mental condition, including an addiction to alcohol or drugs, which may interfere with my ability to practice in a safe and effective manner.
- b) I agree to practice as a student in accordance with the *Act*, regulation, by-laws, code of ethics, standards of practice and practice directions. There is nothing in my past conduct that would provide grounds for belief that I will not engage in the practice competently and with decency, integrity, and honesty and in accordance with the law.
- c) I am presently registered as a student at the Faculty or College of Pharmacy indicated on this application.
- d) I have provided the Dean's office with a criminal record check document 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).
- e) I have attended grades 9 to 12 in a Canadian school where the language of education was either English or French and I agree that my language proficiency will be part of my assessment in the undergraduate program and, further, I may be required to be assessed for my fluency prior to registration and licensure with the College of Pharmacists of Manitoba.

FEES & PAYMENT**Student Registration**

\$51.00 + \$2.55 GST =

Total \$ 53.55

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

***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 photo so that it cannot be removed.**

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**