



College of Pharmacists of Manitoba

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2024 ACADEMIC REGISTER APPLICATION

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				
I make application to be placed on the Academic Register of the College of Pharmacists of Manitoba and may be referred to as a "Pharmacy Resident". I understand my name will remain on the Register for the requested period of time, or until it is removed by Council, or upon my request in writing to be removed in advance of the dated noted.			YES	NO
Graduate of School or College		Province	Year	
Date of Birth (YYYY / MM / DD)		P.E.B.C. (5-digit) Registration #		
I am currently licensed to practice pharmacy in the following provinces/territories of Canada (include all) and will have a letter of standing sent directly to the College of Pharmacists of Manitoba from each jurisdiction listed:			YES	NO
Licence number	Province/Territory			
Licence number	Province/Territory			
I have had a licence to practice pharmacy in the following provinces/territories of Canada (include all) and will have a letter of standing sent directly to the College of Pharmacists of Manitoba from each jurisdiction listed:			YES	NO
Licence number	Province/Territory			
Licence number	Province/Territory			

I. I will be receiving additional knowledge and training at the licenced pharmacy and under the supervision of the licensed pharmacist as listed below:		YES	NO
Pharmacy	Supervising Pharmacist		
II. My scope of learning and training at the above pharmacy will be:			
III. My learning and training will be concluded on the date indicated below. On that date, my name can be removed from the Academic Register.			
Training to be Complete on:		YYYY / MM / DD	
Certificate of Registration and Licensure			
In support of my registration and licensure application, I will ensure the following are submitted on file:			
1.	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 (<u>Applicant's full name printed</u>)", and signed by the Notary Public.		
2.	A letter of standing, including any conditions, sent directly from other Canadian pharmacy regulators of the jurisdiction(s) where I am currently a member and/or licensed to the College of Pharmacists of Manitoba. The letter of standing must be dated and signed within 6 months prior to completing the Academic Registration application process.		
3.	A statement declaring that 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.		
4.	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.		
5.	A child abuse registry check under <i>The Child and Family Services Act</i> and an adult abuse registry check under <i>The Adult Abuse Registry Act</i> .		

I understand the record and registry checks, Items 4 and 5, 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.

6. Evidence of successfully completing the pharmacy jurisprudence modules and the jurisprudence examination.

***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.**

FEES & PAYMENT

Application Fee	\$119.00 + GST \$5.95 =	Total	\$124.95
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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.

Date of Application		Signature of Applicant
Date	Licence Number of Supervising Pharmacist	Signature of Supervising Pharmacist