



# College of Pharmacists of Manitoba

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## 2024 APPLICATION FOR REGISTRATION AND INITIAL LICENSURE OUT-OF-PROVINCE GRADUATE OF A CANADIAN CCAPP-ACCREDITED PHARMACIST PROGRAM

### APPLICANT CONTACT INFORMATION

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

### EDUCATION HISTORY

School of Graduation (Exact Name of School or College)	Year of Graduation
Address of School of Graduation (City / Province / Country)	

Pharmacy Examining Board of Canada (PEBC) Registration Number, if applicable (5-Digits). This is not the PEBC ID Number.

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### DECLARATIONS

Please respond to the following statements by indicating YES or NO.	YES	NO
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 – SUPPORTING DOCUMENTATION

In support of my application for registration, I submit:

Check all submitted.

### 1. CRIMINAL RECORD CHECK

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. ADULT ABUSE REGISTRY CHECK

A satisfactory Adult Abuse Registry Check, as per the Adult Abuse Registry Act

### 3. CHILD ABUSE REGISTRY CHECK

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.

### 4. 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.

### 5. 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.

### 6. COPY OF GRADUATION CERTIFICATE

A notarized copy\* of my graduation certificate from a Canadian Council for Accreditation of Pharmacy Programs (CCAPP) approved pharmacist program.

### 7. PHARMACY EXAMINING BOARD OF CANADA (PEBC) QUALIFICATION CERTIFICATE

A copy of your PEBC Qualification Certificate and / or a copy of the letter from PEBC confirming qualification (the date thereof, must be within three (3) years prior to completing registration with CPhM), **if applicable**.

Applicants who have not yet successfully completed the PEBC Qualifying Examinations will need to submit this document prior to being registered and licensed.

### 8. LETTER OF STANDING

A Letter of Standing, sent directly to CPhM from other Canadian pharmacy regulators where I am currently registered, if applicable.

The Letter of Standing must indicate any conditions imposed in that jurisdiction.

I understand that the Letter of Standing must be dated within six months prior to licensure in Manitoba.

	<p><b>9. REGISTRATION HISTORY and DISCLOSURES</b></p> <p>A notarized copy* of the Registration History and Disclosures Statements. A downloadable copy of these statements, for notarization, may be found at:  <a href="https://cphm.ca/resource/notarized-statement-for-registration-and-initial-licensure-for-graduates-of-a-faculty-of-pharmacy-within-or-outside-of-canada-attachment-notarized-statement/">https://cphm.ca/resource/notarized-statement-for-registration-and-initial-licensure-for-graduates-of-a-faculty-of-pharmacy-within-or-outside-of-canada-attachment-notarized-statement/</a></p>
<p><b>* All documents requiring verification must be notarized by a Notary Public within Canada.</b></p> <p><b>** 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.</b></p>	
<p><b>Once all the information, as outlined above, is submitted and received by CPhM, I agree to complete my registration qualifications by:</b></p> <ol style="list-style-type: none"> <li>1. Successfully completing the Pharmacy Law modules, and the jurisprudence examination.</li> <li>2. Submitting a Preceptor Application form to CPhM for approval of my preceptor, prior to beginning internship training.</li> <li>3. Serving an internship period of a minimum of 200 hours in Manitoba.</li> <li>4. Receiving favourable recommendation from my preceptor following completion of the internship training.</li> </ol>	

<b>EMPLOYMENT INFORMATION</b>				
Please list contact information for all that apply				
<b>Primary Employer</b>				
<b>Secondary Employer</b>				
<b>Tertiary Employer</b>				
<b>SCOPE OF PRACTICE</b>				
I declare that my scope of practice will be:		Patient Care		
		Supervisory or Administrative		
		Education or Research		
		Other:		
<b>PROFESSIONAL LIABILITY INSURANCE</b>				
I declare that:			<b>YES</b>	<b>NO</b>
I will have professional liability insurance coverage in place prior to beginning practice as a pharmacist in Manitoba.				
I will ensure the Professional Liability Insurance provides coverage within Manitoba and a minimum of \$ 2,000,000 per claim or per occurrence and a minimum of \$ 4,000,000 annual aggregate coverage.				

## 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:

	<b>Registration</b>	\$745.00 + \$37.25 GST =	<b>\$ 782.25</b>
	<b>Practicing Licence</b> Effective January 1 <sup>st</sup> to December 31 <sup>st</sup>	\$1031.00 + \$51.55 GST =	<b>\$ 1082.55</b>
	<b>Practicing Licence</b> Effective July 1 <sup>st</sup> to December 31 <sup>st</sup>	\$619.00 + \$30.95 GST =	<b>\$ 649.95</b>

When your application is approved, 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