



College of Pharmacists of Manitoba

200 Taché Avenue, Winnipeg, Manitoba R2H 1A7

Phone (204) 233-1411 | Fax: (204) 237-3468

E-mail: info@cphm.ca | Website: www.cphm.ca

2022 APPLICATION FOR INITIAL REGISTRATION AS AN EXTENDED PRACTICE PHARMACIST

APPLICANT CONTACT INFORMATION

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

PRACTICE SETTING AND SPECIALTY AREA

Please refer to section 95(5) and 96 of the [Pharmaceutical Regulation](#) below and indicate under which specific practice setting and specialty area you wish to apply: 10

Part 12

EXTENDED PRACTICE PHARMACISTS (SPECIALTY PRACTICE)

95(5) An extended practice pharmacist is entitled to practice as an extended practice pharmacist only as long as

(c) the member practises in a collaborative practice

(i) with a physician or a registered nurse (extended practice), or

(ii) with a registered nurse who is not a registered nurse (extended practice), if the extended practice advisory committee established under section 99 recommends the collaborative practice and its setting, and the minister approves.

Specialty qualifications

96 A member is qualified as a specialist in an area upon providing evidence satisfactory to the registrar that he or she has one or more of the following qualifications:

- a) board certification from the American Board of Pharmacy Specialties in one of the following specialties, is currently practising, and has practised for at least 1000 hours in the two years before applying for registration, in a healthcare setting in one of the following specialty areas:
 - (i) ambulatory care pharmacy,
 - (ii) nuclear pharmacy,
 - (iii) nutrition support pharmacy,
 - (iv) oncology pharmacy,
 - (v) pharmacotherapy,
 - (vi) psychiatric pharmacy;
- b) board certification in geriatric medicine from The Commission for Certification in Geriatric Pharmacy, is currently practising, and has practised for at least 1,000 hours in the two years before applying for registration, in a geriatric healthcare setting;
- c) a postgraduate clinical degree of Pharmacy (Pharm D, M.Sc. or Ph.D.) from a program approved by the council, is currently practising, and has practised for at least 1,000 hours in the two years before applying for registration, in a healthcare setting and in the specialty area. Programs approved by Council can be found on the EPPH Information Sheet [here](#).

- d) successful completion of the Canadian Diabetes Educator Certification Board examination, is currently practising, and has practised for at least 5,000 hours in the five years before applying for registration, in a diabetes healthcare setting;
- e) successful completion of the Certified Respiratory Educator examination administered by the Canadian Network for Respiratory Care, is currently practising, and has practised for at least 5,000 hours in the five years before applying for registration, in a respiratory healthcare setting;
- f) certification by the National Certification Board for Anticoagulation Providers, is currently practising, and has practised for at least 5,000 hours in the five years before applying for registration, in a related healthcare setting;
- g) certification from any other program approved by the council as equivalent to a program described in this section, coupled with a similar practising requirement. Programs approved by Council can be found on the EPPh Information Sheet [here](#).

Please Note: The interpretation of the 5,000 practice hours requirement in the five years (or 1,000 in two years) listed in section 96 of the Regulation, (a) to (g), may only be completed after the licensed pharmacist applicant has received their certification or advanced degree.

Indicate which section of the Pharmaceutical Regulation you qualify under:

Indicate the specialty qualification, and date completed and renewed (if applicable):

Name of Specialty:

Please Note: this is the name of the specialty that will appear on your updated pharmacist license and public profile once you attain the EPPh designation and is subject to review and approval by the Board of Examiners.

Location(s) of Practice for the EPPh designation (please be as specific as possible):

DESCRIPTION OF THE COLLABORATIVE PRACTICE

Consistent with the definition of collaborative care in the regulation, applicants for registration as an extended practice pharmacist are required to confirm that they are in a collaborative practice setting by describing how they meet the following criteria:

Please answer the following questions by indicating YES or NO and provide details in the space provided.	YES	NO
a) Patients are common to the pharmacist and the physician or registered nurse (extended practice)/ Nurse Practitioner (NP). i.e., both are providing care to the patient(s).		

Please describe your chosen practice site, and elaborate on the dynamics of the team, your current and anticipated role within it (an overview of the care provided by you), the demographics of patients, etc. Attach additional pages to the application if required.

b) The pharmacist and the physician or registered nurse (extended practice)/NP understand and acknowledge that they share decision-making, risks, and responsibilities in the care of the patient(s) described in #1.

Please describe how decision-making, risks, and responsibilities in the care of patients is shared within the collaborative team. Attach additional pages to the application if required.

c) The pharmacist and the physician or registered nurse (extended practice)/NP share and / or have immediate access to relevant diagnostic and health information.

Please describe how relevant diagnostic and health information will be shared within this collaborative team. Attach additional pages to the application if required.

d) There are established procedures for timely communication between the pharmacist and the physician or registered nurse (extended practice)/NP respecting patient care issues and decisions.

Please describe the procedures that will be put in place to ensure timely communication within this collaborative team. Attach additional pages to the application if required.

LIST OF COLLABORATING PROFESSIONALS

List the name(s) of the physician or registered nurse (extended practice)/NP at the practice site(s) with whom you will work in collaboration (if the list is numerous and varies upon shift, list the five most recent where the collaboration has occurred):

1.

2.

3.

4.

5.

SUMMARY OF CHANGES THAT WILL BE IMPLEMENTED

Please describe any changes that will be implemented in your practice once an Extended Practice Pharmacist registration is attained, and the expected positive outcomes to patient care.

Attach additional pages to the application if required.

DECLARATIONS		
Please respond to the following statements by indicating YES or NO.	YES	NO
I hereby declare that I will meet the annual Continuing Professional Development Requirements and participate in the EPPH Quality Assurance Program.		
I hereby declare that I have kept a three year past record of learning activities in my online professional development profile, through the Registrant Login, and the necessary supportive documents.		
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 acknowledge that the EPPH designation is practice site specific, and I understand that I must notify the College in writing as soon as possible if there are any changes to the collaborative practice agreement, if I will be leaving the practice site or want to add an additional practice site, if my specialty certification lapses, or if there are any other changes to the information contained herein.		
MINIMUM PRACTICE HOUR REQUIREMENT		
All EPPH applicants must provide a written confirmation of practicing at least the minimum required hours (see section 96) above, in the previous two years that includes the specific location(s) where the practice occurred and the name of the physician and/or registered nurse (extended practice)/NP that could confirm the hours worked.		
I declare that I have practiced at least the minimum required hours stated in section 96 of the Regulation above. Check one:		1,000 hours in the past two years
		5,000 hours in the past five years
I have practiced in the specialty of:		
Name and address of practice location(s)		
Name	Address	
Name	Address	
Name	Address	
Please Note: <ol style="list-style-type: none"> 1. The medical director, physician, or registered nurse (extended practice)/NP must complete Appendix A. If they are unable to confirm completion of the hour requirements, additional documentation must be provided with the application (e.g., letter from the Human Resources Department or letters from past collaborating prescribers). 2. The practice hour requirements listed under section 96 (a) to (g) of the Pharmaceutical Regulation must be completed after the Extended Practice Pharmacist applicant has received their certification or advanced degree. 		

SUPPORTING DOCUMENTS

In support of my application for registration as an Extended Practice Pharmacist, I submit:

- 1. A COPY OF QUALIFYING DEGREE OR CERTIFICATE**
The copy of degree or certificate must display the date first obtained and/or the dates it is valid through. Any previous copies of the certification that display the date it was first attained must also be included.
- 2. CURRENT JOB DESCRIPTION/SCOPE OF PRACTICE DESCRIPTION**
Provide a current job description/scope of practice description and attach it to this application.
- 3. COMPLETED AND SIGNED [APPENDIX A](#)***
The medical director, physician, or registered nurse (extended practice)/NP in charge of supporting the application must sign the application below, and complete [Appendix A](#).

***Note:** other collaborating prescribers (other than the medical director/physician/registered nurse (extended practice)/NP in charge of supporting the application) may also use the same form to support the EPPH applicant if needed.

FEES & PAYMENT

Registration Fee	\$173.73 + \$8.69 GST =	TOTAL	\$ 182.42
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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 Applying Pharmacist

Date