



College of Pharmacists of Manitoba

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2022 APPLICATION FOR REGISTRATION AND INITIAL LICENSURE FOR INTERNATIONALLY EDUCATED GRADUATE FACULTY OF PHARMACY OUTSIDE CANADA

APPLICANT CONTACT INFORMATION

Last Name	First Name	Middle Name(s)	
Mailing Address	City	Province	Postal Code
Mobile Phone Number	Date of Birth (MM / DD / YYYY)		
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)			
My initial PEBC application process started outside of Canada	YES	NO	
Pharmacy Examining Board of Canada (PEBC) Registration Number (5-Digits. Please note, this is not the PEBC ID Number)			
Gateway National ID Number (7-Digits)			--

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 be satisfactory to the Board of Examiners and current within six months of the date my internship commences.

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. 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)

7. LANGUAGE PROFICIENCY

Documentation indicating I have met the minimum language proficiency requirements; I understand the date thereof must be within two (2) years prior to completing registration with CPhM.

- TOEFL or MELAB results must be mailed directly from the language proficiency assessment centre to CPhM.
- IELTS results may be submitted to CPhM by the applicant.

8. PROOF OF ELIGIBILITY TO WORK IN CANADA

Notarized copy* of Canadian Citizenship, Permanent Resident Card, or Work Visa

	<p>9. LETTER OF STANDING</p> <p>An original Letter of Standing, which must be signed and dated within twenty-four (24) months of receiving licensure in Manitoba:</p> <ul style="list-style-type: none"> • Directly from the licensing body of the jurisdiction where I am currently a member and / or licenced • Or, if I am not currently a member in any jurisdiction, where I most recently held a membership or licence; • Or, a certified copy directly from PEBC to CPhM; • Or, if I am enrolled in Pharmacists’ Gateway Canada, I will select Manitoba through my Gateway profile so that the letter of standing can be available to CPhM.
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Should I be unable to provide a Letter of Standing to satisfy this requirement, I will provide a signed and notarized* affidavit confirming:

A. i.	Indicate the reason on the notarized affidavit, explaining why you cannot obtain an updated Letter of Standing. I am unable to provide a current Letter of Standing because:
A. ii.	Indicate on the notarized affidavit, the licencing body where you currently have or had a licence. From:
A. iii.	Indicate on the notarized affidavit, the city and country. In:
B.	Indicate on the notarized affidavit: I have not worked as a pharmacist since leaving my practice from _____, the country of my last licensure.
C.	Indicate on the notarized affidavit: I confirm that I have no history or outstanding matters of discipline or complaint investigation as a Pharmacist.

10. REGISTRATION HISTORY, DISCLOSURES

A notarized copy* of the Registration History and Disclosures Statements. A downloadable copy of these statements, for notarization, may be found at:
<https://cphm.ca/wp-content/uploads/Resource-Library/Applications/Notarized-Statement-v3-Final-2020-12-22.pdf>

*** 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 sot that it cannot be removed.**

Once all the information, as outlined above, is submitted to CPhM, I agree to complete my registration qualifications by:

1. Successfully completing a jurisprudence examination.
2. Submitting a Preceptor Application form to CPhM for approval of my preceptor, prior to beginning internship training.
3. Serving an internship
4. Receiving favourable recommendation from my preceptor following completion of the internship training.

DETAILS OF PREVIOUS EMPLOYMENT

Please list applicable information regarding employment (pharmacy or non-pharmacy related) of the immediate past three years, prior to this application

YEAR	NAME OF EMPLOYER	CITY / PROVINCE / COUNTRY	TITLE / POSITION / ROLE

SCOPE OF PRACTICE

I declare that my scope of practice will be:	<input type="checkbox"/>	Patient Care
	<input type="checkbox"/>	Supervisory or Administrative
	<input type="checkbox"/>	Education or Research
	<input type="checkbox"/>	Other:

PROFESSIONAL LIABILITY INSURANCE

I declare that:	YES	NO
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.		

RELEASE OF WORK MAILING ADDRESS

I give my consent to the College of Pharmacists of Manitoba to provide my work mailing address to other organizations for the purpose of forwarding information by mail consistent with policy established by Council.	YES	NO

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**):

Registration	\$730.38 + \$36.52 GST =	Total	\$ 766.90
2022 Practicing Licence For Licence effective January 1st to December 31 st	\$971.94 + \$48.60 GST =	Total	\$ 1020.54
2022 Practicing Licence For Licence effective July 1st to December 31 st	\$583.16 + \$29.16 GST =	Total	\$ 612.32

When your application is approved for internship, 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