



# College of Pharmacists of Manitoba

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## 2021 APPLICATION for REGISTRATION AND INITIAL LICENSURE UNDER THE CANADIAN MOBILITY AGREEMENT

### 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)				
Pharmacy Examining Board of Canada (PEBC) Registration Number (5-Digits)				

### Details of Current Licensure

I am currently licensed to practice pharmacy in the following provinces / territories in Canada

Province / Territory	Licence Number

### Details of Previous Licensure

I have had licence to practice pharmacy in the following provinces / territories in Canada

Province / Territory	Licence Number

<b>REGISTRATION HISTORY</b>		
<b>Please answer the following questions by indicating YES or NO. If you answer YES to any of the questions, provide details in the space provided.</b>	<b>YES</b>	<b>NO</b>
Have you previously held a licence to practice pharmacy in any jurisdiction, other than Manitoba, in Canada or worldwide?		
If yes, indicate all jurisdictions, both in Canada and worldwide, that you previously held a licence to practice pharmacy:		
Do you currently hold a licence to practice pharmacy or another regulated profession in any jurisdiction, in Manitoba, Canada, or worldwide?		
If yes, indicate all licences held, the category of licence or registration, and the jurisdiction licence is applicable:		
Have you ever been registered as a student, intern, academic, temporary, or conditional pharmacist in any jurisdiction, other than Manitoba, both in Canada and worldwide?		
If yes, indicate all types of registration and jurisdictions, both in Canada and worldwide:		
<b>DISCLOSURES</b>		
<b>Please answer the following questions by indicating YES or NO. If you answer YES to any of the questions, provide details on separate paper.</b>	<b>YES</b>	<b>NO</b>
Are you the subject of a current investigation, proceeding, or suspension from practice which relates to your suitability to practice a health profession, including pharmacy, in any jurisdiction in Canada or elsewhere?		
Has your registration or licence to practice a health profession, including pharmacy, ever been revoked, suspended, restricted, or subject to individual terms or conditions by a regulatory authority in any jurisdiction in Canada or elsewhere?		
Have you ever been subject to an undertaking or formal agreement by a regulatory authority in any jurisdiction in Canada or elsewhere?		
Have you ever been the subject of a finding of conduct unbecoming, or professional misconduct, or incompetence related to the practice of a health profession, including the practice of pharmacy, in any jurisdiction in Canada or elsewhere?		
Have you ever been the subject of a finding of professional negligence or malpractice in any jurisdiction in Canada or elsewhere?		
Have you ever been denied registration by any professional regulatory authority, in any jurisdiction in Canada or elsewhere?		
Have you ever been the subject of a disciplinary finding by any professional regulatory authority, in any jurisdiction in Canada, or elsewhere?		

Do you currently, or have you ever had a physical or mental condition or disorder, including an addiction to alcohol or drugs, which may impair your ability to engage in professional practice in a safe and effective manner?		
Have you ever been charged, convicted, or found guilty (i.e. conditional discharge, absolute discharge, or suspended sentence) of a criminal or regulatory offence in Canada or elsewhere?		
Have you ever been charged, convicted, or found guilty (i.e. conditional discharge, absolute discharge, or suspended sentence) of careless driving causing death under <i>The Highway Traffic Act</i> of Manitoba, or similar legislation?		
<b>DECLARATIONS</b>		
<b>Please respond to the following statements by indicating YES or NO.</b>	<b>YES</b>	<b>NO</b>
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.		
<b>REGISTRATION</b>		
<b>In support of my application for registration, I submit:</b>		
<p><b>1. CRIMINAL RECORD CHECK</b> 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</p> <p><b>2. ADULT ABUSE REGISTRY CHECK</b> A satisfactory Adult Abuse Registry Check, as per <i>the Adult Abuse Registry Act</i></p> <p><b>3. CHILD ABUSE REGISTRY CHECK</b> A satisfactory Child Abuse Registry Check, as per <i>the Child and Family Services Act</i></p> <p>I understand the record and registry checks, Items 1 through 3, must be satisfactory to the Board of Examiners and current within six months prior to licensure within Manitoba.</p> <p><b>4. PHOTOGRAPH</b> 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.</p> <p><b>5. COPY OF BIRTH CERTIFICATE</b> A notarized copy* of birth certificate. If you have changed your name from what is on your birth certificate,</p>		

you must attach a notarized copy of the applicable marriage, divorce, or name change certificate to your application.

**6. LETTER OF STANDING**

An original Letter of Standing, sent directly to CPhM from the provincial licensing body of the jurisdiction(s) in Canada where I am currently licenced and where I previously held licensure, if applicable.

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

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

**7. JURISPRUDENCE EXAMINATION**

Successfully completing a jurisprudence examination.

**8. REGISTRATION HISTORY, DISCLOSURES, DECLARATIONS**

A notarized copy\* of the statements presented in the Registration History, Disclosures, and Declarations, above. 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 so that it cannot be removed.**

**LICENCE REQUIREMENTS**

**1. Scope of Practice**

I declare that my scope of practice will be: (Select all that apply)

- patient care
- supervisory or administrative
- education or research
- other \_\_\_\_\_

**2. PROFESSIONAL LIABILITY INSURANCE**

I declare that:

- 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 coverage provides a minimum of \$ 2, 000, 000 per claim or per occurrence and a minimum of \$ 4, 000, 000 annual aggregate coverage.

**3. CPhM PROFESSIONAL DEVELOPMENT REQUIREMENT**

As per the regulation under *the Manitoba Pharmaceutical Act*, pharmacists must qualify in at least one of the following categories: (Indicate the category that applies)

- I have met the Professional Development requirement in the province where I am currently licensed.
- I have met the CPhM Professional Development requirement of 25 hours, at least 15 of which must be accredited, and will keep a three-year record of learning activities in my online professional development profile, and the necessary supporting documents.

[ ] I received my first practicing licence in 2020 or 2021 (circle applicable year). CPhM Council accepts Entry to Practice Training in 2020 or 2021 undergraduate or internship as meeting the PD requirement for a practice licence in 2021.

[ ] I am currently enrolled in post-graduate studies in a health care profession with a Faculty from a Council – approved university (Faculty of Pharmacy, Faculty of Medicine). CPhM Council accepts evidence of enrolment , such as course transcripts, as meeting the PD requirement for a practicing licence in 2021.

**4. CPhM PRACTICE HOURS REQUIREMENT**

As per Regulation, section 14(b), under *the Manitoba Pharmaceutical Act*, in the three-year period before the date of this application, a pharmacist must meet practice hours requirements in one or more of the following categories. Indicate all that apply:

[ ] I have supervised or engaged in the practice of pharmacy for at least 600 hours. I have included a letter with this application, from my primary employer, confirming the hours worked.

[ ] I have served a period of internship to qualify for my licensure in another province.

[ ] I have obtained a degree in pharmacy from a program approved by CPhM Council that includes a training program equivalent to an internship.

**5. 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

**6. Committee Service**

I would be interested in serving on a Committee of the College of Pharmacists of Manitoba.

Yes  No

**FEES**

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:

**Registration**

\$730.38 + \$36.52 GST = \$ **766.90**

**2021 Practicing Licence** For licence effective January 1<sup>st</sup> to December 31<sup>st</sup>

\$971.94 + \$48.60 GST = \$ **1020.54**

**2021 Practicing Licence** For licence effective July 1<sup>st</sup> to December 31<sup>st</sup>

\$583.16 + \$29.16 GST = \$ **612.32**

Payments are accepted by:

1. Credit card information:

**VISA or M/C Number:** \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ **Exp. Date:** MM/YY

2. Cheque, made payable to the **College of Pharmacists of Manitoba**

**Please Note: All Fees are NON-REFUNDABLE**

**Information provided on this application:**

Every applicant for registration must provide information to the registrar that is truthful and accurate to the best of the applicant's knowledge and must update the information if it changes during the registration process.

**Change of Information:**

If there is any change in the information provided on this application, or the documents submitted to support this application, the applicant must report the change to the registrar without delay. The report must be in writing and include as much detail about the change as the registrar requires.

**By signing this application, I understand that it is a confirmation of information as listed on this entire application.**

Signature of Applicant

Date