



College of Pharmacists of Manitoba

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2023 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. Please note, this is not the PEBC ID Number)

Details of Current Licensure

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

| Province / Territory | Licence Number |
|----------------------|----------------|
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Details of Previous Licensure

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

| Province / Territory | Licence Number |
|----------------------|----------------|
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| DECLARATIONS | | |
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| 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, <i>as per the Adult Abuse Registry Act</i> | |
| | 3. CHILD ABUSE REGISTRY CHECK A satisfactory Child Abuse Registry Check, <i>as per the Child and Family Services Act</i> | |
| 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. LETTER OF STANDING A Letter of Standing, sent directly to CPhM from other Canadian pharmacy regulators 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. | |

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| | <p>7. PHARMACY JURISPRUDENCE MODULES AND JURISPRUDENCE EXAMINATION Evidence of successfully completing the pharmacy jurisprudence modules and the jurisprudence examination.</p> |
| | <p>8. REGISTRATION HISTORY and 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</p> |
| <p>* 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.</p> | |

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|---|--|-------------------------------|-----------|
| LICENCE REQUIREMENTS | | | |
| 1. Scope of Practice | | | |
| I declare that my scope of practice will be: | | Patient Care | |
| | | Supervisory or Administrative | |
| | | Education or Research | |
| | | Other: | |
| 2. 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. | | | |
| 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. Check all that apply. | | | |
| | I have met the Professional Development requirement in the province where I am currently licenced. | | |
| | 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 2022 or 2023 (circle applicable year). CPhM Council accepts Entry to Practice Training in 2022 or 2023 undergraduate or internship as meeting the PD requirement for a practice licence in 2023.

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 2023.

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 = | \$ 766.90 |
| Practicing Licence Effective January 1 st to December 31 st | \$971.94 + \$48.60 GST = | \$ 1020.54 |
| Practicing Licence Effective July 1 st to December 31 st | \$583.16 + \$29.16 GST = | \$ 612.32 |

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.

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|-------------------------------|-------------|
| Signature of Applicant | Date |
|-------------------------------|-------------|