



College of Pharmacists of Manitoba

200 Tache Avenue, Winnipeg, Manitoba R2H 1A7

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

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

2021 ACADEMIC REGISTER APPLICATION

To the Council of the College of Pharmacists of Manitoba:

I _____
(Last Name) (First Name) (Middle Name(s))

of _____
(Mailing Address) (City or Town) (Province) (Postal Code)

Telephone Number: _____ Email Address: _____

make application to be placed on the Academic Register of the College of Pharmacists of Manitoba and may be referred to as a "Pharmacy Resident". I understand my name will remain on the Register for the requested period of time, or until it is removed by Council, or upon my request in writing to be removed in advance of the dated noted.

I am a Graduate of _____,
(School or College) (Province) (Year)

Date of Birth MM/DD/YY _____ P.E.B.C. Registration # _____

I am currently licensed to practice pharmacy in the following provinces/territories of Canada (include all) and will have forwarded a letter of standing directly to the College of Pharmacists from each jurisdiction listed:

Licence number	Province/Territory
_____	_____
_____	_____

I have had a licence to practice pharmacy in the following provinces/territories of Canada (include all) and will have forwarded a letter of standing directly to the College of Pharmacists from each jurisdiction listed:

Licence number	Province/Territory
_____	_____
_____	_____

I declare that I will be receiving additional knowledge and training at the licenced pharmacy and under the supervision of the licensed pharmacist as listed below:

Pharmacy: _____ Supervising Pharmacist: _____

I declare that my scope of learning and training at the above pharmacy will be: _____

I declare my learning and training will be concluded on the date of _____, at which time my name can be removed from the Academic Register.

Certificate of Registration and Licensure:

In support of my registration and licensure application, I submit (or will have forwarded) the following documents and fees: (Please Note: All Fees Are Non-refundable)

1. a cheque in the amount of \$121.73 (GST included) for the registration fee, made payable to the College of Pharmacists of Manitoba or complete the credit card information:
VISA or M/C Number:____/____/____/____ **Exp. Date:** M M/Y Y
2. a notarized passport size and style photograph. *
(The photograph must be affixed to a piece of plain white paper, sealed across the photograph and paper and the statement “The photograph is a true likeness of (applicant’s full name printed).”, and signed by the Notary Public.)
3. an original letter of standing, including any conditions, directly from the licensing body (directly to the College of Pharmacists of Manitoba) from the jurisdiction(s) where I am currently a member and/or licensed. (The letter of standing must be dated and signed within 6 months prior to completing the Academic Registration application process.)
4. a statement declaring that I do not suffer from a physical or mental condition, including an addiction to alcohol or drugs, that may interfere with my ability to practice in a safe and effective manner.
5. 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. (I understand this record check must be dated within six months prior to commencing my internship.)
6. a child abuse registry check under *The Child and Family Services Act* and an adult abuse registry check under *The Adult Abuse Registry Act*. (I understand these registry checks must be satisfactory to the Board of Examiners and dated within six months of this application.)
7. successfully complete a jurisprudence exam.

***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 picture so that it cannot be removed.**

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.

Date of Application

X _____
Signature of Applicant

X _____
Signature of Supervising Pharmacist

Licence Number of Supervising Pharmacist