



College of Pharmacists of Manitoba

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2021 CONDITIONAL REGISTRATION AND CONDITIONAL LICENSURE APPLICATION FOR A NEW GRADUATE OF THE UNIVERSITY OF MANITOBA

APPLICANT CONTACT INFORMATION

Title	Last Name	First Name	Middle Name		
Mailing Address		City	Province	Postal Code	
Mobile Phone Number		Work Phone Number	Work Fax Number		
E-Mail Address					

INTENT to APPLY

I, _____, in the City of _____ in the province of _____, make application for CONDITIONAL REGISTRATION with the College of Pharmacists of Manitoba.

This registration will expire six months after registration is granted.
This registration may be extended by the Board of Examiners upon re-application.

I will be completing my Competency Assessment Tool internship under: _____
(Preceptor's Name)

At _____, and upon approval, shall commence _____.
(Pharmacy Name) (Date)

REGISTRATION HISTORY

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.

YES

NO

Have you previously held a licence to practice pharmacy in any jurisdiction other than Manitoba, both in Canada and 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:		
DISCLOSURES		
<p>Please answer the following questions by indicating YES or NO. If you answer YES to any of the questions, provide details on a separate paper.</p>	YES	NO
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Has your registration or licence to practice a health profession, including pharmacy, ever been revoked, suspended, restricted, or subject to individual terms or conditions by a regulatory authority in any jurisdiction in Canada or elsewhere?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?		

DECLARATIONS

Please respond to the following statements by indicating YES or NO.	YES	NO
I declare that I have met my obligation to secure adequate professional liability insurance coverage, as per Regulation, section 123;		
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

In support of my application for registration, I submit:

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*

4. A declaration that my scope of practice will be:

patient care administrative education or research other _____

5. A letter of recommendation from my preceptor(s) recommending that I be placed on the conditional register and licensed by the College

6. Confirmation of graduation from the University of Manitoba College of Pharmacy.

In support of my application for registration, I submit a registration fee: \$300.00 + \$15.00 GST = \$ 315.00

7. Cheque, made payable to the College of Pharmacists of Manitoba

OR

Complete the credit card information:

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

Please Note: All Fees are Non-refundable

LICENSURE

Upon completing all requirements for registration, and in support of application for licensure, I submit a licence fee:

- i. For licence effective January 1st to December 31st: \$971.94 + \$48.60 GST = \$ 1,020.54
- ii. For licence effective July 1st and December 31st: \$583.16 + \$29.16 GST = \$ 612.32

1. Cheque, made payable to the College of Pharmacists of Manitoba
OR

Complete the credit card information:

VISA or M/C Number: ____/____/____/____ Exp. Date: MM/YY

Please Note: All Fees are Non-refundable

Please Note: An Administrative Fee is assessed when you apply to change from the Conditional Register to the Permanent Register.

Release of Work Mailing Address

2. 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

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

Signature of Applicant

Date