



College of Pharmacists of Manitoba

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2021 INTERN APPLICATION FOR THE COLLEGE OF PHARMACISTS OF MANITOBA (for a program approved by Council)

To the Registrar: I hereby make application to be an intern under the provisions of *The Pharmaceutical Act* and I am presently on the student register with the College.

(Last Name)	(First Name)		
(Mailing Address)	(City)	(Province)	(Postal Code)
(Telephone Number)	(Email Address)		

DECLARATION:

I, _____ in the City of _____ in the Province of _____ declare that
(Intern's Full Name, please print)

- 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, and that therefore makes it desirable in the public interest that I not be registered as an intern;
- I have not been convicted of an offence in Canada or any other jurisdiction that makes me unsuitable for registration as an intern;
- I understand that my practice as an intern will be conducted in accordance with *The Act*, regulations, by-laws, code of ethics, standards of practice and practice directions; and
- I am currently enrolled at the University of Manitoba, Faculty of Health Sciences, College of Pharmacy and will serve at least 240 hours of internship prior to graduation.

I make this declaration conscientiously believing it to be true.

Declared this _____ day of _____, 20_____.
(Date) (Month) (Year) (Signature of Intern)

At the completion of my undergraduate program with the College of Pharmacy, University of Manitoba, I will provide the Registrar:

- the name of the pharmacist and practice location for my 360 hours of postgraduate internship,
- 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.)
- a child abuse registry check under *The Child and Family Services Act* that is satisfactory to the Board of Examiners, and, (I understand this document must be dated within six months prior to commencing my internship.)
- an adult abuse registry check under *The Adult Abuse Registry Act* that is satisfactory to the Board of Examiners. (I understand this document must be dated within six months prior to commencing my internship.)

The following is submitted herewith in conformity with the regulations governing the registration of interns:

Fee of \$27.82 + \$1.39 = \$29.21

PAYMENT MUST ACCOMPANY APPLICATION ALL FEES ARE NON-REFUNDABLE GST# R107660664

- Cheque: (Payable to: College of Pharmacists of Manitoba)
- VISA or MasterCard Number: ____/____/____/____ Exp. Date: MM/YY