



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 APPLICATION FOR REGISTRATION AS A STUDENT OF THE COLLEGE OF PHARMACISTS OF MANITOBA

To the Registrar:

I hereby make application for registration as a student under the provisions of *The Pharmaceutical Act*. In compliance with the regulations to the *Pharmaceutical Act*, this application is filed:

on or before December 31st in the year of my entering of the Faculty of Health Sciences, College of Pharmacy at the University of Manitoba,

or, for all other approved Council approved Faculties, at least 30 days in advance of my intention to begin work as a student in Manitoba.

(Title)	(Last Name)	(First Name)	(Middle Name(s))
(Mailing Address)	(City)	(Province)	(Postal Code)
(Telephone Number)	(E-mail address)	Date of Birth (Month, Day, Year)	
(Name of University where currently registered as a student)		(Student number)	

I understand that while enrolled in the first four years of an educational program approved by the Council of the College, I must apply and qualify as a pharmacy student. During the last year (graduation year) of the educational program, I need to apply and qualify as an intern. My intern status will continue until I have successfully completed 32 weeks of rotations through the Faculty of Health Sciences, College of Pharmacy at the University of Manitoba.

The following documents are submitted herewith in conformity with the regulations governing the registration of students:

- 1) 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.)
- 2) a notarized copy of Birth Certificate,
- 3) a statement witnessed by the Dean, or his or her designate, that:
 - i. 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.
 - ii. I agree to practice as a student in accordance with the *Act*, regulation, by-laws, code of ethics, standards of practice and practice directions. There is nothing in my past conduct that would provide grounds for belief that I will not engage in the practice competently and with decency, integrity and honesty and in accordance with the law.
 - iii. I am presently registered as a student at the Faculty or College of Pharmacy indicated on this application.
 - iv. I have provided the Dean's office with a criminal record check document from the Royal Canadian Mounted Police or any other Canadian police service, which confirms the check was completed using Canadian Police Information Centre (CPIC) and/or based on the National Repository of Criminal Records (of Canada).
 - v. I have attended grades 9 to 12 in a Canadian school where the language of education was either English or French and I agree that my language proficiency will be part of my assessment in the undergraduate program and, further, I may be required to be assessed for my fluency prior to registration and licensure with the College of Pharmacists of Manitoba, and
- 4) 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

***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.**

(Date)

(Signature of Applicant)