



# College of Pharmacists of Manitoba

200 Taché Avenue, Winnipeg, Manitoba R2H 1A7  
Phone (204) 233-1411 | Fax: (204) 237-3468  
E-mail: info@cphm.ca | Website: www.cphm.ca

## 2024 APPLICATION FOR PHARMACY TECHNICIAN-IN-TRAINING WITH THE COLLEGE OF PHARMACISTS OF MANITOBA

I hereby make application to attain pharmacy technician-in-training status with the College of Pharmacists of Manitoba in order to begin my Structured Practical Training program and take the College jurisprudence examination, in compliance with the regulations to *The Pharmaceutical Act*.

### 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			

### 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, *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*

**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.

	<p><b>5. COPY OF BIRTH CERTIFICATE</b></p> <p>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.</p>
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	<p><b>6. COPY OF GRADUATION CERTIFICATE</b></p> <p>A notarized copy* of my graduation certificate from a Canadian Council for Accreditation of Pharmacy Programs (CCAPP) approved pharmacy technician training program.</p>
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	<p><b>7. LANGUAGE PROFICIENCY REQUIREMENT</b></p>		
<p>I have read and understand the language proficiency requirements for a pharmacy technician, as listed on the College website.</p> <p>Canadian graduates, who have completed their CCAPP approved pharmacy program in English, meet the language proficiency requirements. Other applicants must meet current language proficiency requirements as described in the NAPRA Language Proficiency Requirements for Pharmacists and Pharmacy Technicians.</p>		<b>YES</b>	<b>NO</b>

\* 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 it cannot be removed.

**FEES & PAYMENT**

<b>Registration Fee</b>	\$51.00+ \$2.55GST =	<b>Total</b>	<b>\$ 53.55</b>
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When your application is received at the College office, 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**

**DECLARATIONS**

By signing this application, I declare that:	<b>YES</b>	<b>NO</b>
I do not suffer from a physical or mental condition, including an addiction to alcohol or drugs, that may interfere with my ability to work in training in a safe and effective manner.	<input type="checkbox"/>	<input type="checkbox"/>
The information I provide to the Registrar, herein, is truthful and accurate to the best of my knowledge.	<input type="checkbox"/>	<input type="checkbox"/>
I will notify the College promptly, in writing, of any changes to information contained herein.	<input type="checkbox"/>	<input type="checkbox"/>

<b>Signature of Applicant</b>	<b>Date</b>