



# 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](mailto:info@cphm.ca) | Website: [www.cphm.ca](http://www.cphm.ca)

## PHARMACY TECHNICIAN LISTING RENEWAL APPLICATION FOR JUNE 1<sup>st</sup> 2023 TO MAY 31<sup>st</sup> 2024

### APPLICANT CONTACT INFORMATION

Last Name		First Name		Middle Name(s)	
Mailing Address		City		Province	Postal Code
E-Mail Address				Date of Birth (MM / DD / YYYY)	
Mobile Phone Number		Work Phone Number		Work Fax Number	
Primary Employer		Address		Pharmacy Manager	
Secondary Employer if applicable		Address		Pharmacy Manager	

### DISCLOSURES

Please answer the following question(s) by indicating YES or NO. If you answer YES to any, provide details to <a href="mailto:kmcintosh@cphm.ca">kmcintosh@cphm.ca</a> .	YES	NO
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?		

### DECLARATIONS

As a Pharmacy Technician, under <i>The Pharmaceutical Act</i> of the Province of Manitoba, I hereby make application for listing in the Province of Manitoba <b>until May 31<sup>st</sup> 2024</b> .		
Please respond to the following statements by indicating YES or NO.	YES	NO

I will participate in a performance review with the pharmacy manager, at a minimum of once every two years, that includes: documentation of my hours worked as a pharmacy technician; an assessment of my job performance in terms of quality of patient care, administrative skills and the ability to work consistently within the rules governing the pharmacy and pharmacy practice; and documentation of attaining the Council approved professional development requirement.		
I will work as a pharmacy technician for at least 600 hours in the preceding three-year period, starting three years after I have first qualified as a pharmacy technician.		
I will provide the pharmacy manager with evidence of my participation in the professional development program: <ul style="list-style-type: none"> <li>a minimum of 15 hours of learning activities between June 1<sup>st</sup> and May 31<sup>st</sup> of each year</li> <li>at least five of the total 15 hours must be of accredited learning activities</li> </ul>		
I will complete all required professional development modules, including "Health Equity and Cultural Humility," on or before May 31 <sup>st</sup> 2023, in order to be eligible to renew a listing for the 2023-2024 Practice Year. I will retain proof of completion for three years.		
I declare that I have met my obligation to submit satisfactory Criminal Record Check including a vulnerable sector search, Adult Abuse Registry Check, and Child Abuse Registry Check every five years.		

**FEES & PAYMENT**

<b>Pharmacy Technician Listing Renewal Fee</b>	\$165.00 + \$8.25 GST	<b>TOTAL = \$ 173.25</b>
<b>Listing Renewal Fee, after May 31<sup>st</sup></b>		<b>TOTAL = \$ 259.88</b>

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**

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

<b>Printed name of pharmacy technician</b>	<b>Signature of pharmacy technician</b>	<b>Date</b>

**For Office Use Only:**

<b>Certificate #</b>	<b>Payment: Y BY: S EMP</b>	<b>Date Issued</b>