



# College of Pharmacists of Manitoba

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## 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 [kmcintosh@cphm.ca](mailto:kmcintosh@cphm.ca).

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 *The Pharmaceutical Act* of the Province of Manitoba, I hereby make application for listing in the Province of Manitoba **until May 31<sup>st</sup> 2024**.

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

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

Printed name of pharmacy technician	Signature of pharmacy technician	Date

## For Office Use Only:

Certificate #	Payment: Y BY: S EMP	Date Issued