



College of Pharmacists of Manitoba

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2021 APPLICATION for

LISTING AS A PHARMACY TECHNICIAN UNDER THE CANADIAN MOBILITY AGREEMENT

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			

EDUCATION HISTORY

Pharmacy Technician School (Exact Name of School or College)	Year of Graduation
Address of School of Graduation (City / Province / Country)	
Pharmacy Examining Board of Canada (PEBC) Registration Number	

DETAILS OF CURRENT LICENSURE

I am currently licensed to practice as a pharmacy technician in the following provinces / territories in Canada:

Province / Territory	Licence Number

REGISTRATION/LISTING HISTORY

Please answer the following questions by indicating YES or NO.

If you answer YES to any of the questions, provide details in the space provided.

YES

NO

Have you previously held a licence to practice as a pharmacy technician in any jurisdiction, other than Manitoba, in Canada or worldwide?

If yes, indicate all jurisdictions, both in Canada and worldwide, that you previously held a licence:

Do you currently hold a licence to practice as a pharmacy technician or another regulated profession in any jurisdiction, in Manitoba, Canada, or worldwide?		
If yes, indicate all licences held, the category of licence or registration, and the jurisdiction licence is applicable:		
Have you ever been registered as a student, intern, academic, temporary, or conditional pharmacy technician in any jurisdiction, other than Manitoba, both in Canada and worldwide?		
If yes, indicate all types of registration and jurisdictions, both in Canada and worldwide:		
DISCLOSURES		
Please answer the following questions by indicating YES or NO. If you answer YES to any of the questions, provide details on separate paper.	YES	NO
Are you the subject of a current investigation, proceeding, or suspension from practice which relates to your suitability to practice a health profession, including pharmacy, in any jurisdiction in Canada or elsewhere?		
Has your registration or licence to practice a health profession, including pharmacy, ever been revoked, suspended, restricted, or subject to individual terms or conditions by a regulatory authority in any jurisdiction in Canada or elsewhere?		
Have you ever been subject to an undertaking or formal agreement by a regulatory authority in any jurisdiction in Canada or elsewhere?		
Have you ever been the subject of a finding of conduct unbecoming, or professional misconduct, or incompetence related to the practice of a health profession, including pharmacy, in any jurisdiction in Canada or elsewhere?		
Have you ever been the subject of a finding of professional negligence or malpractice in any jurisdiction in Canada or elsewhere?		
Have you ever been denied registration by any professional regulatory authority, in any jurisdiction in Canada or elsewhere?		
Have you ever been the subject of a disciplinary finding by any professional regulatory authority, in any jurisdiction in Canada, or elsewhere?		
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?		
Have you ever been charged, convicted, or found guilty (i.e. conditional discharge, absolute discharge, or suspended sentence) of a criminal or regulatory offence in Canada or elsewhere?		
Have you ever been charged, convicted, or found guilty (i.e. conditional discharge, absolute discharge, or suspended sentence) of careless driving causing death under <i>The Highway Traffic Act</i> of Manitoba, or similar legislation?		
DECLARATIONS		
Please respond to the following statements by indicating YES or NO.	YES	NO
I hereby certify that I will engage in professional practice competently and with decency, integrity, and honesty and in accordance with the law.		

I hereby certify that the statements made by me in this application and all accompanying submissions are complete and accurate to the best of my knowledge and belief. I understand that a false or misleading statement may disqualify me from eligibility to practice or may be case for revocation of a licence or listing to practice that may be granted to me.		
I understand that I must notify the College, in writing, of any change to the information contained herein.		
I agree to comply with the Manitoba Pharmaceutical Regulation that requires participation in a performance review conducted by the pharmacy manager at a minimum of once every two years, that includes: documentation of a minimum of 600 hours of practice as a pharmacy technician over a three year period, 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 (a minimum of 15 hours of learning activities between June 1 st and May 31 st of each year, of which at least 5 hours must be from accredited learning activities).		

LISTING DOCUMENTS AND REQUIREMENTS

In support of my application for listing, I complete and/or submit:

1. **CRIMINAL RECORD CHECK**
An original, 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**
An original, satisfactory Adult Abuse Registry Check, as per *the Adult Abuse Registry Act*
3. **CHILD ABUSE REGISTRY CHECK**
An original, 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 be satisfactory to the Board of Examiners and current within six months prior to listing within Manitoba.
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.
5. **COPY OF BIRTH CERTIFICATE**
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.
6. **LETTER OF STANDING**
An original Letter of Standing, sent directly to CPhM from the provincial licensing body of the jurisdiction(s) in Canada where I am currently licenced and where I previously held licensure, if applicable.
The Letter of Standing must indicate any conditions imposed on my licence in that jurisdiction.
I understand that the Letter of Standing must be dated within six months prior to listing in Manitoba.
7. **JURISPRUDENCE EXAMINATION**
Successfully completing a jurisprudence examination.

8. PROFESSIONAL DEVELOPMENT REQUIREMENT

Indicate the statement that applies:

- I have met the professional development requirement in the province where I am currently licensed.
- I have met the CPhM professional development requirement of 15 hours, at least 5 of which must be accredited, and will keep a three-year record of learning activities in my online professional development profile, and the necessary supporting documents.

9. CPhM PRACTICE HOUR REQUIREMENT

Indicate the statement that applies:

- I have worked as a pharmacy technician for at least 600 hours in the previous three years (starting three years after first becoming listed/licensed). I have included a letter with this application, from my primary employer, confirming the hours worked.
- I first became licensed or listed as a pharmacy technician less than three years ago. I will notify the College of Pharmacists of Manitoba if I cannot or will not meet the practice hour requirement.

***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 that it cannot be removed.**

****All documents requiring verification must be notarized by a Notary Public within Canada.**

FEES

Upon completion of the listing requirements and in support of my application for listing with the College of Pharmacists of Manitoba, I submit the following fees:

	Pharmacy Technician Listing \$150.0 + \$7.50 = 157.50
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Payments are accepted by:

1. Credit card information:
VISA or M/C Number: ___/___/___/___ **Exp. Date:** MM/YY
2. Cheque, made payable to the **College of Pharmacists of Manitoba**

Please Note: All Fees are NON-REFUNDABLE

SIGNATURE

Information provided on this application:

Every applicant for listing must provide information to the registrar that is truthful and accurate to the best of the applicant’s knowledge and must update the information if it changes during the listing process.

Change of Information:

If there is any change in the information provided on this application, or the documents submitted to support this application, the applicant must report the change to the registrar without delay. The report must be in writing and include as much detail about the change as the registrar requires.

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

Signature of Applicant

Date