



College of Pharmacists of Manitoba

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2024 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 Program (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 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 a 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Has your registration or licence to practice a health profession, including pharmacy, ever been revoked, suspended, restricted, or subject to individual terms or conditions by a regulatory authority in any jurisdiction in Canada or elsewhere?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 have successfully completed the CPhM Jurisprudence Examination.		
I agree to comply with the Manitoba Pharmaceutical Regulation, Section 66, that requires participation in a performance review conducted by the pharmacy manager, at least once every two years.		
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.		
LISTING DOCUMENTS AND REQUIREMENTS		
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, <i>as per the Adult Abuse Registry Act</i>	
	3. CHILD ABUSE REGISTRY CHECK A satisfactory Child Abuse Registry Check, <i>as per the Child and Family Services Act</i>	
	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.	
	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. 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.

* 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 & PAYMENT

Pharmacy Technician Listing	\$165.00 + \$8.25 GST =	Total	\$ 173.25
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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

By signing this application, I attest that:

- The information I provide to the Registrar, herein, is truthful and accurate to the best of my knowledge.
- I will notify the College promptly, in writing, of any changes to information contained herein.

Signature of Applicant

Date