



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 LISTING AS A PHARMACY TECHNICIAN WITH THE COLLEGE OF PHARMACISTS OF MANITOBA

I hereby make application to attain pharmacy technician status with the College of Pharmacists of Manitoba 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
E-Mail Address				Date of Birth (MM / DD / YYYY)	
Mobile Phone Number		Name of Pharmacy Technician Training Program		Year of a graduation	
Primary Employer		Address		Pharmacy Manager	
Secondary Employer if applicable		Address		Pharmacy Manager	

LISTING – DOCUMENTS AND REQUIREMENTS

Please note: If you have previously submitted any of the following documents with your Pharmacy Technician-In-Training application (such as the notarized passport photograph, birth certificate, or proof of graduation), you do not need to submit again. However, all other supporting documents must be included with this application.

In support of my application for registration, I submit:

Check all submitted.

<input type="checkbox"/>	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
<input type="checkbox"/>	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. COPY OF GRADUATION CERTIFICATE A notarized copy* of my graduation certificate from a Canadian Council for Accreditation of Pharmacy Programs (CCAPP) approved pharmacy technician training program.			
7. Copy of Pharmacy Examining Board of Canada (PEBC) Pharmacy Technician Qualification Certificate and/or a copy of my letter from PEBC confirming qualification The date thereof must be within three years prior to completing registration with the College.			
8. CONFIRMATION OF STRUCTURED PRACTICAL TRAINING COMPLETION Confirmation from the supervising pharmacist or supervising pharmacy technician indicating that I have successfully completed the Council required structure practical training.			
9. SUCCESSFUL COMPLETION OF PHARMACY JURISPRUDENCE MODULES AND JURISPRUDENCE EXAMINATION I have successfully completed the pharmacy jurisprudence modules and the jurisprudence examination as established by the College. The date thereof must be within two years prior to completing registration with the College.			
* 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.			
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?		
FEES & PAYMENT		
Pharmacy Technician Listing	\$165.00+ \$8.25GST =	TOTAL \$ 173.25
<p>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.</p> <p>Payments are accepted by:</p> <ol style="list-style-type: none"> 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 <p style="text-align: center;">Please Note: All Fees are NON-REFUNDABLE</p>		
PLEASE NOTE: It is the responsibility of the applicant to contact the College to ensure that the application is completed as required.		
DECLARATIONS		
By signing this application, I declare that:	YES	NO
a. I do not suffer from a physical or mental condition, including an addiction to alcohol or drugs, which may interfere with my ability to work in training in a safe and effective manner.		

<p>b. I agree to comply with the regulations that require participation in a performance review, at a minimum once every two years, that includes: confirmation of a minimum of 600 hours of practice as a pharmacy technician over a three year period, an assessment of my job performance, and, confirmation of attaining the Council approved professional development requirement (a minimum of 15 hours of learning activities between June 1st and May 31st of each year, of which at least 5 hours must be from accredited learning activities).</p>		
<p>The information I provide to the Registrar, herein, is truthful and accurate to the best of my knowledge.</p>		
<p>I will notify the College promptly, in writing, of any changes to information contained herein.</p>		
<p>Signature of Applicant</p>	<p>Date</p>	