



College of Pharmacists of Manitoba

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2025 UNIVERSITY OF MANITOBA INTERN APPLICATION FOR THE COLLEGE OF PHARMACISTS OF MANITOBA

APPLICANT CONTACT INFORMATION

Last Name	First Name	Middle Name(s)	
Mailing Address	City	Province	Postal Code
Mobile Phone Number	E-Mail Address	Date of Birth (YYYY / MM / DD)	
University of Manitoba Student Number			

DECLARATIONS

I declare that:

- a) I make application to be an intern under the provisions of the Pharmaceutical Act and I am presently on the Student Register with the College;
- b) I do not suffer from a physical or mental condition or disorder, including an addiction to alcohol or drugs, which may impair my ability to engage in professional practice in a safe and effective manner;
- c) I have not been convicted of an offence in Canada or any other jurisdiction that makes me unsuitable for registration as an intern;
- d) I understand that my practice as an intern will be conducted in accordance with The Act, regulations, by-laws, code of ethics, standards of practice and practice directions;
- e) I am currently enrolled at the University of Manitoba, Faculty of Health Sciences, College of Pharmacy and will serve at least 600 hours of internship prior to graduation; and
- f) I make these declarations conscientiously believing them to be true.

FEES & PAYMENT

Conversion Fee (from Student to Intern)

\$75.00 + \$3.75 GST =

Total \$78.75

When your application is received and reviewed by CPhM Staff, 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 CPhM of any changes to the information contained herein and keep my online profile up to date at all times.

Signature of Applicant

Date