

200 Tache Avenue, Winnipeg, Manitoba R2H 1A7 Phone (204) 233-1411 | Fax: (204) 237-3468 E-mail: <u>registration@cphm.ca</u> | Website: <u>www.cphm.ca</u>

2025 PHARMACISTS RENEWAL GUIDE

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Important Reminders

- ✓ You must complete your renewal on or before November 15, 2024.
- ✓ We highly recommend paying your renewal fee(s) online. Payments by cheque must be postmarked no later than November 15th and must be dated November 15th or earlier. No post-dated cheques beyond November 15th.
- ✓ Depending on your submission, your renewal form may require CPhM administrative review. If additional information or further action is required, you will receive an email notification including the renewal form returned to you with feedback.

UPDATE:

- ✓ Payments for registration, listing, licence, and renewal fees are due upon receipt of invoice and are not refundable.
- ✓ Renewal fees are due November 15 and effective January 1 to December 31 of the upcoming Practice Year.
- ✓ Registrants who stop practicing for a period of time during a practice year are not entitled to any reduction in their annual fees.

If you have any questions or concerns or have encountered technical issues, please contact registration@cphm.ca as soon as possible. When reporting technical issues, please include screenshot(s) of the error message(s).

Registrant Portal Access

Click this link to access the Registrant Portal

- ✓ Please use the "Forgot your password" link instead of asking CPhM for a reset password link.
- ✓ If you do not remember what email address you used, or if you wish to change the email address on file, please contact <u>registration@cphm.ca</u>. Please remember that if you use your work email address, your corporate domain may block the messages from CPhM. Kindly ensure you add the @cphm.ca domain in your safe sender list.



Classes of Registration

According to bylaw, the College of Pharmacists of Manitoba (CPhM) maintains the following registers of pharmacists:

The register of pharmacists includes the following classes:

- 1. Full Registered Pharmacists
- 2. Non-Practicing Registered Pharmacists
- 3. Inactive / Retired Pharmacists

Please refer to the descriptions, below, to determine the most appropriate option available for your renewal:

Full Registered Pharmacist

A pharmacy professional who has successfully met the requirements as stated in <u>Section 15(1) of</u> <u>The Pharmaceutical Act</u> and <u>Section 14 of The Pharmaceutical Regulations</u>, to be registered and licensed as a Pharmacist with the College of Pharmacists of Manitoba (CPhM). If you are currently registered and licenced to practice as a pharmacist and plan to continue practicing in the upcoming Practice Year, you renew in this class.

Renew your registration and licence in the Full Registered Pharmacist class of registration if you are on leave, or plan to go on leave, from a permanent position that you will return to work at, following your leave. This includes maternity leave.

Non-Practicing Registered Pharmacist

A pharmacy professional who is fully registered with CPhM but is <u>not</u> entitled to engage in the practice of pharmacy for the upcoming practice year. This option is useful to someone who chooses to cease practice for the Practice Year, and has plans to return to practice as a pharmacist in the future. This class of registration is appropriate for someone on an academic sabbatical or who has left Canada on extended travel for the year.

This is not an option for someone who is on a leave of absence from a permanent position of employment.



Inactive/Retired Pharmacist

A pharmacy professional who has chosen to retain their registration with CPhM, and no longer has plans to engage in the practice of pharmacy, in the upcoming Practice Year or any time in the future. This individual can still update their profile and continue to receive CPhM publications (Friday Five, Newsletter, etc.).

Voluntary Cancellation

A pharmacy professional who chooses to voluntarily cancel their registration and licence to practice in Manitoba. Your registration and licence to practise would expire December 31st, and you would no longer be eligible to practise in Manitoba in the next Practice Year.

This option is useful to someone who has left Manitoba to practice in another jurisdiction in Canada. Someone who voluntarily cancels their registration in Manitoba, and continues to hold full registration and licence to practise in another Canadian jurisdiction, is eligible to apply to reinstate their registration in Manitoba, in the future.



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Renewal Form

Part 1: Profile Update

This section allows you to review and make modifications to the basic information such as your name, address, contact information, etc. You may refer to the <u>Registrant Portal Guide</u> for assistance on each section of your profile.

Changes to name will require administrative review and approval. You must also upload any of the following documents to support your change request:

- ✓ Name Change Certificate
- ✓ Marriage Certificate
- ✓ Divorce Certificate

The College of Pharmacists of Manitoba (CPhM) is required to collect and report data to the Canadian Institute for Health Information (CIHI). This organization provides comparable and actionable data and information that is used to accelerate improvements in health care, health system performance and population health across Canada.

CPhM is introducing new fields for data collection and analysis. There are fields that yield straightforward answers. For Employment Position, please refer to the table below:

YOUR ROLE	PLEASE SELECT
Director of Pharmacy	Director/Assistant Director
Pharmacy Manager and/or Owner	Owner/Operator
Regular Staff Pharmacist	Direct Care Provider
Relief Pharmacist	Relief Pharmacists
Pharmacy Technician	Other



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COMMON ERROR(S):

✓ If the organization you work for is not on the list, you can tick on NOT LISTED button.
 New fields will open up prompting you to enter the information about that organization.

Employer					
Organization					Θ
✓ Not listed		Contact phone		Start date	End date
-	~	Example: 403-555-	5555	yyyy-mm-dd	yyyy-mm-dd
Practice Scope		* Employment Status			atus preference 😮
-	~	-	~	-	~
* Employment category					thods of care 📢
	source 😯	vent funding	* Virtual care deliver - * Street address	y v • Me	thods of care 😯
Unlisted Employer Informatio	source 😯		-		thods of care 🕜
Unlisted Employer Information	source 😯		-	· · · · · · · · · · · · · · · · · · ·	thods of care 🕜
- V Unlisted Employer Informatio Organization name Organization phone # Example: 999-999-9999	source 😯		- * Street address	· · · · · · · · · · · · · · · · · · ·	thods of care 🕜



✓ Practice Hours field is annual based, so if you work 40 hours per week, multiply 40 X 52 weeks, and enter 2080 hours in total.

Position title		Contact phone	Status		
Other		-	Full time		
Practice Scope					
Association/Government/Para-Govern	mental				
Changes					
* Position		Contact phone		End date	
Other	~	Example: 403-555-55	555	yyyy-m	m-dd
* Status		* Preferred Status 😮		* Practice	e Scope
Full time	~	By choice	~	Associa	ation/Government/Para-Gover
Please enter the total practice ho	urs for the er	mployer for the current regis	tration year.		* Practice hours
The number of hours can be 0 bu must be used.	it cannot exce	eed 4000. Keep in mind that	a whole number		2080
* Employment category	* Employ	ment funding source 😮	* Virtual care delivery	8	* Methods of care 😮
Permanent employee	Private	~	Never	~	In person



Part 2: Learning Plan

This section allows you to add your professional development logs. You must enter all professional development items completed for the current reporting year in this section.

REQUIREMENTS		
The totals in this section recalculate as you make changes	on the form. Check back here to ensure you	have met your requirements.
Accredited		
Minimum:	completed:	Status:
15.00	0	Not met
Non-Accredited Maximum: 0.00	completed: 0	Status: Met
Total Required		
Minimum:	completed:	Status:
25.00	0	Not met

PD requirements have remained the same as in previous years:

- ✓ a minimum of 15 hours Accredited Learning Activities is required
- ✓ a minimum, combined total of 25 hours of Learning Activities is required
- ✓ there is no minimum or maximum requirement for Non-Accredited hours; you can log as many or as few Non-Accredited hours as you wish, as long as the other requirements are met.
- Please take note that the "MET" status on the Non-Accredited <u>does not mean</u> that you do not need to enter your Non-Accredited learning activities. The "MET" status simply refers to the fact that Non-Accredited CEUs are optional. You may meet the CEU learning activities requirement entirely with Accredited learning activities, and thus may not need to enter any Non-Accredited learning activities.
- ✓ The status under "TOTAL REQUIRED" will be the basis to determine if you have or have not met your learning activities TOTAL requirements. Your renewal form will automatically be sent for admin review if this shows "NOT MET".



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INCOMPLETE REPORT

Accredited		
Minimum:	completed:	Status:
15.00	15	Met
Non-Accredited		
Maximum:	completed:	Status:
10.00	0	Met
Total Required		
Minimum:	completed:	Status:
25.00	15	Not met

INCOMPLETE REPORT

Accredited		
Minimum:	completed:	Status:
15.00	10	Not met
Non-Accredited		
Maximum:	completed:	Status:
10.00	10	Met
Total Required		
Minimum:	completed:	Status:
25.00	20	Not met



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COMPLETED REPORT

Accredited		
Minimum:	completed:	Status:
15.00	15	Met
Non-Accredited		
Maximum:	completed:	Status:
10.00	10	Met
Total Required		
Minimum:	completed:	Status:
25.00	25	Met

Part 3: Renewal Disclosures And Declarations

This section requires you to respond "YES" or "NO" to a series of disclosures and declarations. Please read each line carefully to ensure you understand the statements and respond accurately. Some will require detailed explanation depending on your selection. A drop-down window may appear to allow you to provide additional details. All information collected is secure and confidential.

<i>Please answer the following questions by indicating YES or NO.</i> If you answer YES to any of the questions, provide details in the space provided	
Have you previously held a licence to practice pharmacy in any jurisdiction other than Manitoba, in Canada and worldwide?	* 💽 Yes 🔵
* Indicate all jurisdictions, both in Canada and worldwide, that you previously held a licence to practice pharmacy:	
This is a sample	
Do you currently hold a licence to practice pharmacy in a jurisdiction other than Manitoba, in Canada or worldwide?	* Yes 🧿
Oo you currently hold a licence to practice in a regulated profession, other than pharmacy, in any jurisdiction, including Manitoba, Canada, or worldwide?	* Ves 🧿



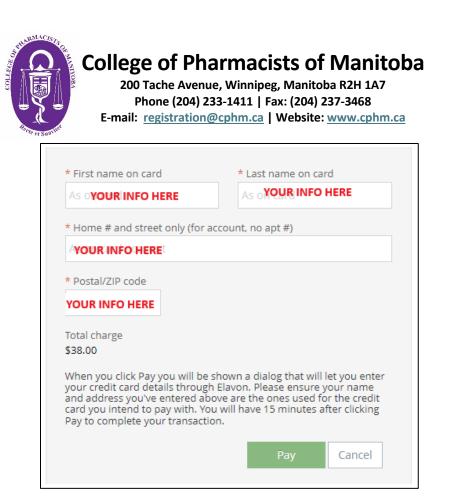
Part 4: Payment

Acceptable Forms of Payments:

- ✓ Visa / Mastercard / Visa Debit cards can be used through the Registrant Portal.
- Cheques must be made payable to College of Pharmacists of Manitoba dated no later than the deadline date.
- ✓ Cheques must be mailed to 200 Taché Avenue, Winnipeg, Manitoba R2H 1A7.
- ✓ Post-dated cheques after November 15th will **NOT** be accepted.

If your renewal form is cleared after hitting the SUBMIT button, you will automatically be prompted to the payment section.

Invoice	То		02-Oct-2023 #1000423 Reference: -
From College of Pharmacists Of Manitoba 200 Tache Avenue Winnipeg, MB R2H 1A7	Smith, John (123) 123 Tache Street, Winnipeg, Manit		
Description			Total
Practicing Pharmacist Registration and Licence			\$1,031.00
		Subtotal	\$1,031.00
		GST	\$51.55
		Total due	\$1,082.55
If paying by cheque click "Close" and send payment to your invoice number on your cheque. <u>Your form will n</u> Split	not be processed w	ithout paymen	



	×
Card Number*	
Card Number is required	
Expiration Date(MMYY) *	CVV2*
Expiration Date is required	CVV2 is required
Pay 38.00	CAD

Please take note that some renewals may be subject to review and you will be notified via the following message:



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Payment cannot be accepted for your Renewal at this time.

Thank you for submitting your renewal form.

Your renewal form requires review and approval by the College as the next step. If additional information is required, you will be notified by email. Once approved you will be notified by email to return to this site to make payment. Please be sure to check your Junk/Spam email folder for messages.

Thank you

You will be informed once your renewal is ready for payment. At that time, you may log back in and follow the instructions below to see your outstanding invoice(s):

- 1. From the **HOME** screen of your profile, your outstanding invoice(s) will appear under "MY INVOICES".
- 2. Select the radio button "MINE" to access your personal invoice(s).
- 3. Click on the "\$" on the far-right end.
- 4. The invoice will appear with the description of the fee(s), amount, taxes and your total owing amount.
- 5. Click on the "**PAY**" button to direct you to the payment screen where you can enter your credit card information.
- 6. Once completed, you will receive an email confirming the payment you made.

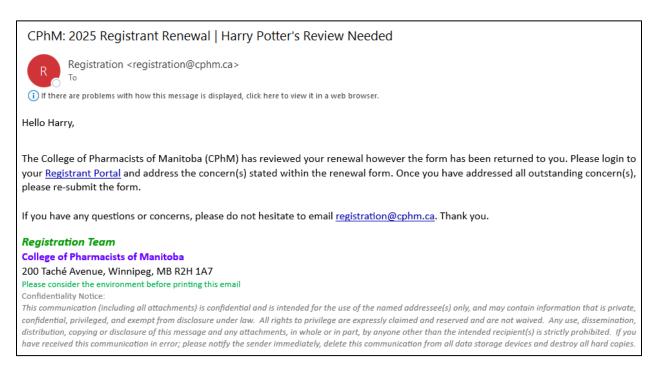
Close



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Returned Renewals with Feedback

You will receive an email if your renewal form has been returned back for you to take actions:



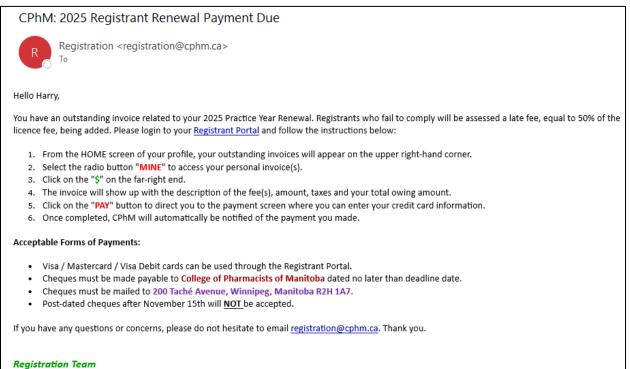




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Unpaid Renewal Fee

You will receive an email if your renewal form has been approved however you have not settled the fee(s):



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Successfully Completed Renewals

When you have successfully completed (your renewal has been approved and paid for), you will receive an email like this:

CPhM: 2025 Registr	ation Renewal Completed
Registration <re< th=""><th>gistration@cphm.ca></th></re<>	gistration@cphm.ca>
lello Harry,	
Congratulations! You have 'ear!	successfully completed the renewal with the College of Pharmacists of Manitoba (CPhM) for the 2025 Practice
REGISTRANT #	12345
REGISTRANT # NAME	12345 Potter, Harry James
NAME REGISTER f you have any questions o Registration Team	Potter, Harry James Full Registered Pharmacist or concerns, please do not hesitate to email <u>registration@cphm.ca</u> . Thank you.
NAME REGISTER If you have any questions of Registration Team College of Pharmacists of	Potter, Harry James Full Registered Pharmacist or concerns, please do not hesitate to email <u>registration@cphm.ca</u> . Thank you. Manitoba
NAME REGISTER f you have any questions of Registration Team College of Pharmacists of 200 Taché Avenue, Winnip	Potter, Harry James Full Registered Pharmacist or concerns, please do not hesitate to email <u>registration@cphm.ca</u> . Thank you. Manitoba eg, MB R2H 1A7
NAME REGISTER If you have any questions of Registration Team College of Pharmacists of 200 Taché Avenue, Winnip Please consider the environmen Confidentiality Notice:	Potter, Harry James Full Registered Pharmacist or concerns, please do not hesitate to email <u>registration@cphm.ca</u> . Thank you. Manitoba eg, MB R2H 1A7 t before printing this email
NAME REGISTER If you have any questions of Registration Team College of Pharmacists of I 200 Taché Avenue, Winnip Please consider the environment Confidentiality Notice: This communication (including of the construction of the constructio	Potter, Harry James Full Registered Pharmacist or concerns, please do not hesitate to email <u>registration@cphm.ca</u> . Thank you. Manitoba eg, MB R2H 1A7

have received this communication in error; please notify the sender immediately, delete this communication from all data storage devices and destroy all hard copies.