



College of Pharmacists of Manitoba

200 Tache Avenue, Winnipeg, Manitoba R2H 1A7

Phone (204) 233-1411 | Fax: (204) 237-3468

E-mail: info@cphm.ca | Website: www.cphm.ca

2021 APPLICATION FOR LISTING AS A PHARMACY TECHNICIAN WITH THE COLLEGE OF PHARMACISTS OF MANITOBA

To the Registrar:

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*.

(Last Name)	(First Name)	(Middle Name(s))

(Mailing Address)	(City)	(Province)
		(Postal Code)

(E-mail address)	Phone Number)	(Date and Place of Birth, Month, Day, Year)

(Name of Pharmacy Technician Training Program and year of a graduation, if any)		(Year)

(Primary Employer)	(Address)	(Pharmacy Manager)

(Secondary Employer if applicable)	(Address)	(Pharmacy Manager)

In support of my application, I submit (or will have provided) the following documents and fees:

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), they do not need to be resubmitted. However, all other supporting documents must be included with this application.*

1. A cheque in the amount of \$157.50 (GST included) for the application fee, made payable to the College of Pharmacists of Manitoba or complete the credit card information:
VISA or M/C Number: ____ / ____ / ____ / ____ **Exp. Date:** MM / YY Please note: all fees are non-refundable
2. A ***notarized** passport size and style photograph. *
(The photograph must be affixed to a piece of plain white paper, sealed across the photograph and paper and the statement "The photograph is a true likeness of (applicant's full name printed).", and signed by the notary public.)
3. An original ***notarized** copy of my 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."
4. An original ***notarized** copy of: my graduation certificate from a Canadian Council for Accreditation of Pharmacy Programs (CCAPP) approved pharmacy technician training program or a letter(s) of standing (directly to the College of Pharmacists of Manitoba) from all provincial jurisdiction(s) where I am currently approved to practice as a Pharmacy Technician.
5. A copy of my 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).

6. Written confirmation from the supervising pharmacist or pharmacy technician indicating that I have successfully completed the Council required structure practical training, or, letter(s) of standing (directly to the College of Pharmacists of Manitoba) from all provincial jurisdiction(s) where I am currently approved to practice as a pharmacy technician.
7. Confirmation from the College that I have successfully completed a jurisprudence examination as established by the College (the date thereof must be within two years prior to completing registration with the College).
8. An **original** signed declaration that:
 - i. I do not suffer from a physical or mental condition, including an addiction to alcohol or drugs that may interfere with my ability to practice in a safe and effective manner.
 - ii. 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).
9. 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. I understand this record check must be satisfactory to the Board of Examiners and dated within six months prior to listing or commencing my Structured Practical Training within Manitoba.
10. A satisfactory Adult Abuse Registry Check, as per *the Adult Abuse Registry Act*. I understand this registry check must be satisfactory to the Board of Examiners and dated within six months prior to listing or commencing my Structured Practical Training within Manitoba.
11. A satisfactory Child Abuse Registry Check, as per *the Child and Family Services Act*. I understand this registry check must be satisfactory to the Board of Examiners and dated within six months prior to listing or commencing my Structured Practical Training within Manitoba.

The original* record check *must* be provided to the College office. Originals returned upon request. Please include a self-addressed, stamped envelope if you wish to have your originals returned.

(DATE)

(SIGNATURE OF APPLICANT)

PLEASE NOTE: It is the responsibility of the applicant to contact the College to ensure that the application is completed as required.

**All documents to be notarized must be done so by an authorized notary public. All photographs must be pasted directly onto a piece of white paper with the notary public's seal over the picture so that it cannot be removed.*