



COLLEGE OF PHARMACISTS OF MANITOBA
PHARMACY TECHNICIAN LIAISON TO COUNCIL
EXPRESSION OF INTEREST

Name: _____

Registration Information

Years of Practice as a Pharmacy Technician:

Year Listed with the College (or anticipated listing date):

Other provinces in which you are registered/listed as a Pharmacy Technician:

Practice Information

Current place(s) of Pharmacy Technician Employment:

Employment history (past 5 years):

Describe your pharmacy practice interests:

Leadership

Identify leadership roles that you have provided within the profession or within your community:

Role of the College

Describe the role and mandate of the College, from your perspective:



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Goals and Objectives

Describe your personal goals and objectives in serving as a liaison to College Council:

Qualities

Describe unique qualities about yourself that would be beneficial as Pharmacy Technician Liaison to College Council:

I _____ attest that all the above information is accurate and truthful to the best of my knowledge.

Signature

Date