



The Manitoba Pharmaceutical Association

200 TACHE AVENUE, WINNIPEG, MANITOBA R2H 1A7
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APPLICATION FOR REGISTRATION FOR GRADUATES OF A CANADIAN FACULTY OF PHARMACY OTHER THAN THE FACULTY OF PHARMACY, UNIVERSITY OF MANITOBA (Non-Mutual Recognition Agreement)

To the Council of the Manitoba Pharmaceutical Association

I _____ E-mail _____
(Name in Full)
of _____
(Street Address) (City or Town) (Province) (Postal Code) Telephone No.

make application for a licence to practice Pharmacy in Manitoba under the Regulations established by the Council of the Manitoba Pharmaceutical Association.

I am a Graduate of _____, _____ Year _____
(School or College) (Country)

Date of Birth _____ P.E.B.C. Certificate # _____ (Mandatory)

The details of my employment during the three years prior to the date of this application are:

Year	Details of Employment
_____	_____
_____	_____
_____	_____

I declare that I **have** **have never** been suspended as a result of professional misconduct by a regulatory authority governing the practice of pharmacy in Canada or elsewhere or been convicted of a crime or an offence against any of the Federal or Provincial Acts relating to the practice of Pharmacy,

And,

I declare that I **do** **do not** have a physical or mental condition, disorder or addiction to alcohol or drugs, or a record of conviction under the *Criminal Code* (Canada), the *Controlled Drugs and Substances Act* (Canada), the *Food and Drugs Act* (Canada), or any criminal or penal statute of a jurisdiction outside Canada.

Date of Application

Signature

It is understood that I cannot be licensed to practice Pharmacy in Manitoba until I have established evidence of a permanent residence in the province.

In support of my application I submit the following documents and fees:

1. A cheque in the amount of **\$492.00** (gst included) (NON-REFUNDABLE FEE) for Outside Registration Fee:(Current license fee and examination fees will be extra.)
2. Evidence of having attained the age of 18 years. (Birth Certificate)
3. Evidence of holding a "certificate of qualification" in the Pharmacy Examining Board of Canada (P.E.B.C.), include official number.
4. Statement from the Registrar or Secretary of the Pharmaceutical Regulatory Authority which issued my licence showing:
 - a) Age of applicant
 - b) College of Pharmacy and Year of Graduation
 - c) That applicant is current in good standing as a licensed pharmacist or student
 - d) That the applicant is a competent pharmacist of good moral character and whether or not their name has ever been removed from the register, whether or not there are any pending discipline proceedings against them and whether or not they have ever been convicted of any offence relating to the sale or use of poisons, drugs, or alcoholic liquors or moral turpitude.
5. Produce a certified record from the Royal Canadian Mounted Police that I do not have a record of conviction under the *Criminal Code* (Canada), the *Controlled Drugs and Substances Act* (Canada), the *Food and Drugs Act* (Canada), or any criminal or penal statute of a jurisdiction.
6. One passport size photograph
7. provide a learning portfolio, in a form approved by the council, documenting your professional development.
8. If applying for a patient-care setting licence*, provide proof of having supervised or practised at least 400 hours in the two-year period immediately before the date of the application.
9. if applying for a non-patient care setting licence**, provide proof of having practised at least 400 hours in a non-patient care setting or obtained a degree in pharmacy from a college, school or faculty of pharmacy approved by the council in a two year-period immediately before the date of the application.

* patient care setting licence – (defined as: a setting in which a pharmacist interacts directly with practitioners and patients: community and hospital pharmacists including managers)

** non-patient care setting licence – (defined as: a setting in which a pharmacist engages in the practice requiring pharmaceutical knowledge outside a patient care setting: association staff, government, faculty and industry pharmacists, etc.)

X _____
Date of Application

X _____
Signature