



The Manitoba Pharmaceutical Association

200 TACHE AVENUE, WINNIPEG, MANITOBA R2H 1A7
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APPLICATION FOR REGISTRATION AS A STUDENT OF THE MANITOBA PHARMACEUTICAL ASSOCIATION

To the Registrar,

I hereby make application for registration as a student under the provisions of The Pharmaceutical Act, the By-laws and Regulations of the Manitoba Pharmaceutical Association.

(Last Name)	(First Name)	(Middle Name{s})
(Address)	(City)	(Postal Code)
(E-mail address)	(Phone Number)	(Date and Place of Birth, Month, Day, Year)

Work experience (not necessarily Pharmacy related) prior to making application for registration as a student

List the names of three references who have known you for over five years (cannot be a relative) and who have agreed to submit character references*:

NAME	ADDRESS	OCCUPATION

I understand that in order to become an eligible candidate for registration and licensing with the Manitoba Pharmaceutical Association, the regulations require that in addition to obtaining my Bachelor of Science Degree in Pharmacy from the University of Manitoba, I must complete an internship period of not less than 360 business hours served within 105 consecutive days under the supervision of a preceptor pharmacist approved by the Council of the Association, unless, upon written application, the Council of the Association approves otherwise. This period must be served at any time following completion of fifth year final examinations. The Council of the Association reserve the right to alter the terms of the above internship period.

The following documents are submitted herewith in conformity with the regulations governing the registration of students:

1. **Certificate of Birth (a copy is accepted)**
2. **One passport photograph of myself** (approx. 1 x 1 ½ inches)
3. **\$23.15 (\$22.05 + 1.10 G.S.T.) (NON-REFUNDABLE FEE)**
PAYMENT METHOD:
 - Cheque (Payable to The Manitoba Pharmaceutical Association)**
 - Interac**
 - VISA: Card Number:** _____
 - MasterCard Number:** _____
 - Expiration Date:** _____

(DATE)	(SIGNATURE OF APPLICANT)
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PLEASE NOTE: It is the responsibility of the student to contact the MPhA to make sure that the membership is complete.

*** The reference letters must be from people who have known you over 5 years and who are NOT relatives. The letter should speak of your character and suitability to become a pharmacist.**