

PRINCE EDWARD ISLAND PHARMACY BOARD
PRACTICING PHARMACIST LICENSE RENEWAL APPLICATION
APRIL 1, 2011 thru MARCH 31, 2012

SECTION ONE: RENEWAL INFORMATION

Box A: Contact Information			
Make any changes to the information shown below directly on this form. Please print clearly			
Date			
Name	PEIPB Registration/ License No.	Gender	Date of Birth
Street Address (Home)			
City	Province	Country	Postal Code
Phone(Home)	E-Mail Address		
Business Name			
Street Address (Business)			
City	Province	Country	Postal Code
Phone(Business)	Fax (Business)	E-Mail Address	
Mail Preference			
<input type="checkbox"/> Home			
<input type="checkbox"/> Business			

Box B: Registration Classification	
Select your registration/membership classification for the upcoming year. Make cheques payable to the PEI Pharmacy Board.	
<input type="checkbox"/> Practicing \$775	<input type="checkbox"/> Non-practicing (Associate) \$200.00
<input type="checkbox"/> Retired	<input type="checkbox"/> Voluntarily Resigned
For Retired or Voluntarily Resigned, please sign: X _____	

Box C: Signature	
<input type="checkbox"/>	I have read the Pharmacy Act and Regulations of Prince Edward Island and understand that, as a licensed pharmacist, I must comply with the provisions found therein.
<input type="checkbox"/>	I confirm that I have met the Continuing Education Requirements for re-licensure.
<input type="checkbox"/>	I certify that I <u>have obtained</u> the active practice requirements of 450hrs/3yrs or 900hrs/5ys. I acknowledge that the license issued to me is dependant upon the fulfillment of this obligation.
<input type="checkbox"/>	I certify I have obtained \$2,000,000 personal malpractice/liability insurance in compliance with continued care (prescribing) regulations – or
<input type="checkbox"/>	I will not be prescribing using the continued care regulations and therefore do not require the malpractice insurance
<input type="checkbox"/>	I agree to access my registration file at www.healthregistration.ca to complete further data entry required for my license to be approved. I agree to notify the Prince Edward Island Pharmacy Board of any changes in the "Application Information" section of this application form in writing or also by making changes to my file on-line within 7 days.
_____ Signature of Applicant	_____ Date

PRINCE EDWARD ISLAND PHARMACY BOARD PRACTICING PHARMACIST LICENSE RENEWAL APPLICATION 2007

SECTION TWO: STATISTICAL INFORMATION

This section is to be completed by **PRACTICING PHARMACISTS** only

Box D: Residence	
Full Name	Registration/ License No.
Province of Current Residence	Province of Registration <div style="text-align: right; margin-right: 20px;">PE</div>

Box E: Educational Background	
<p>Initial Pharmacy Degree</p> <p><input type="checkbox"/> Diploma University _____</p> <p><input type="checkbox"/> Baccalaureate Initial Graduated Year _____</p> <p><input type="checkbox"/> Master's Country of University _____ (or province if in Canada)</p> <p><input type="checkbox"/> Pharm D</p>	<p>Additional Pharmacy degree (highest level only)</p> <p><input type="checkbox"/> Baccalaureate University _____</p> <p><input type="checkbox"/> Masters Year Earned _____</p> <p><input type="checkbox"/> Pharm D Country of University _____ (or province if in Canada)</p> <p><input type="checkbox"/> Doctorate</p> <p><input type="checkbox"/> Accredited Residency</p>

Box F: Employment Status
<p><input type="checkbox"/> Employed in the profession of pharmacy <input type="checkbox"/> Employed in other than pharmacy and seeking employment in pharmacy</p> <p><input type="checkbox"/> Employed in other than pharmacy and not seeking employment in pharmacy <input type="checkbox"/> Unemployed and seeking employment in pharmacy</p> <p><input type="checkbox"/> Unemployed and seeking not employment in pharmacy</p> <p>If you have chosen Employed in the profession of pharmacy, you must complete Box G below. Complete Boxes H & I only if applicable. If you have chosen any other option above, you are not required to complete the remainder of this section.</p>

Box G: Primary Place of Employment – Complete for your primary place of employment in the profession of pharmacy.

If in Canada, please indicate Province / Territory _____ and Postal Code _____

If not in Canada, please indicate Country of employment _____

Area of Employment

Community Pharmacy

Other Pharmacy

Health Related Industry / Mfg/ Commercial

Hospital/ Health Care Facility

Other Community Based Pharmacist Practice

Association/ Government/ Para- Governmental

Community Health Care

Community Pharmacy Corporate Office

Other place of work – not Identified

Group Professional Practice/ Clinic

Post Secondary Educational Institution

Category

Permanent Employee

Temporary Employee

Casual Employee

Self - Employed

Primary Position

Staff Pharmacist

Director of Pharmacy

Pharmacist Consultant

Pharmacy Manager

Institutional Leader/ Coordinator

Industrial Pharmacist

Pharmacy Owner

Educator

Research

Other

Estimated Hours Per Week:

 40+ 30-39 15-29 14 or less

PRINCE EDWARD ISLAND PHARMACY BOARD PRACTICING PHARMACIST LICENSE RENEWAL APPLICATION 2007

Box H: Secondary Place of Employment – complete only if you have a secondary place of employment in the profession of pharmacy.

If in Canada, please indicate Province / Territory _____ and Postal Code _____

If not in Canada, please indicate Country of employment _____

Area of Employment

Community Pharmacy

Other Pharmacy

Health Related Industry / Mfg/ Commercial

Hospital/ Health Care Facility

Other Community Based Pharmacist Practice

Association/ Government/ Para- Governmental

Community Health Care

Community Pharmacy Corporate Office

Other place of work – not Identified

Group Professional Practice/ Clinic

Post Secondary Educational Institution

Category

Permanent Employee

Temporary Employee

Casual Employee

Self - Employed

Primary Position

Staff Pharmacist

Director of Pharmacy

Pharmacist Consultant

Pharmacy Manager

Institutional Leader/ Coordinator

Industrial Pharmacist

Pharmacy Owner

Educator

Research

Other

Estimated Hours Per Week:

 40+ 30-39 15-29 14 or less

Box 1: Third Place of Employment – complete only if you have a third place of employment in the profession of pharmacy.

If in Canada, please indicate Province / Territory _____ and Postal Code _____

If not in Canada, please indicate Country of employment _____

Area of Employment

Community Pharmacy

Other Pharmacy

Health Related Industry / Mfg/ Commercial

Hospital/ Health Care Facility

Other Community Based Pharmacist Practice

Association/ Government/ Para- Governmental

Community Health Care

Community Pharmacy Corporate Office

Other place of work – not Identified

Group Professional Practice/ Clinic

Post Secondary Educational Institution

Category

Permanent Employee

Temporary Employee

Casual Employee

Self - Employed

Primary Position

Staff Pharmacist

Director of Pharmacy

Pharmacist Consultant

Pharmacy Manager

Institutional Leader/ Coordinator

Industrial Pharmacist

Pharmacy Owner

Educator

Research

Other

Estimated Hours Per Week:

 40+ 30-39 15-29 14 or less