Application for Registration as a Pharmacist

For applicants in their final year of study in a pharmacy education program for pharmacists approved by the Canadian Council for Accreditation of Pharmacy Programs or Accreditation Council for Pharmacy Education in the US (CCAPP & ACPE) and not previously registered as a pharmacist in any Canadian province.
Please read the following pages carefully and be sure you understand what the requirements are for you to be licensed as a Pharmacist in New Brunswick.

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In the Regulations of the New Brunswick College of Pharmacists, Section 25.1 states pharmacists must be covered by personal professional liability (errors and omissions) insurance that (a) for pharmacists and certified dispensers provides a minimum of $2,000,000 per claim or per occurrence and a minimum $4,000,000 annual aggregate;

For more information about the New Brunswick College of Pharmacists, please visit www.nbpharmacists.ca
Application Requirements (Regulations 12.1, 12.2, 12.3)

☐ Registration as a Pharmacist Student with the NB College of Pharmacists in order to complete the post-graduate training or any remaining unstructured time service. (For more information, refer to Pharmacist Student Application Package).

☐ Apprenticeship Agreement submitted to the NB College of Pharmacists office before starting any time service (the post-graduation structured time service period or before commencing a Pharmacy Residency Program.)

   **NOTE:** Time-service performed before an Apprentice Agreement is received by the office will not be counted.

☐ Completed a total of 40 weeks of time service training with an approved preceptor as follows:
   - 20 weeks (or more) completed during degree program as rotations (proof is completion of degree)
   - 4 weeks (minimum) post-grad training using the Internship Manual
   - Remaining amount of weeks – unstructured; completed either before or after graduation and documented with the NB College of Pharmacists.

   **NOTE:** If work was in another province, the pharmacy regulatory authority in that province must submit a letter on your behalf confirming the completed time service in order for it to be considered for licensure in New Brunswick.

☐ Evidence of Time Service form submitted after completion of each unstructured time service period.

☐ After completing the post-graduate Internship Manual you must submit:
   - Appendix 1 – Student Evaluation of Preceptor
   - Appendix 2 – Preceptor Evaluation of Student
   - Appendix 3 – Statement of Completion of Postgraduate Student Training

   **NOTE:** If you are completing a Pharmacy Residency Program and wish to become licensed during your placement, the appendices must be submitted to the NBCP with your pharmacist application.

☐ University degree – provide proof in person to the College office or submit a notarized photocopy by mail.

☐ Successful completion of the NB College of Pharmacists Jurisprudence Exam (An application form is available on the NBCP website. For more information please refer to the Jurisprudence Exam Information and Study Guide document.)

☐ Successful completion of the **PEBC Qualifying Exam**, Part 1 and Part 2.

☐ **Proof of identity:** You must provide identification documents that prove your legal name and date of birth and that preferably contain a photo. Valid Canadian or provincial government-issued photo ID (such as a passport or driver’s license) are accepted. Canadian Birth or Citizenship Certificates may be accepted if accompanied by a notarized passport-sized photo of the applicant.

   **NOTE:** A copy of the identification document(s) will only be accepted if they are an exact replica and have been notarized* by a Commissioner of Oaths or a lawyer. The copied photo must be clear enough to identify the applicant or it will be rejected.
Proof of valid certification in First Aid & CPR Equivalent to Red Cross Emergency First Aid & CPR Level C (for registration on the Direct Client Care register.)

Proof of Personal Liability Insurance in your name - (minimum $2,000,000 per claim or per occurrence and a minimum $4,000,000 annual aggregate)

Criminal Record Check Original document required; dated no later than 6 months prior to application date. (Royal Canadian Mounted Police (RCMP) or any other Canadian police service (includes a Canadian Police Information Centre (CPIC) assessment) documenting that you 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).


Completed application package for registration and licensure as a pharmacist that includes:

- Complete Application For Registration as a Pharmacist form
- Signed Certification Statement form
- Signed Statutory Declaration of Good Character
- Signed statement regarding the NBCP Policy Statement and Privacy Policy

Language Proficiency: Must be proficient in either of Canada’s official languages (English or French)

Administration of Injections authorization: Separate application for authorization to administer injections is required and must be made to the College within one year of successful completion of the training program. The Administration of Injections Policy and Application form are available online at: http://nbcp.in1touch.org/document/1695/Admin%20Inject%20Application%20May%202015%20EN.pdf

Payment of all applicable fees

* A copy, notarized by a Commissioner of Oaths or a lawyer, may be mailed to the NBCP office in place of the original document. A pharmacist’s signature is not accepted.

For your information

Pharmacist – Direct Client Care means a pharmacist in active practice that has direct contact with clients

Pharmacist – Non-Direct Client Care means a pharmacist in active practice who does not meet the criteria of a Pharmacist – Direct Client Care (e.g. pharmacists in administrative, management or other non-direct client care positions).
Application for Registration as a Pharmacist  
*All fields must be filled in*

First Name: .................................................................................................................................

Middle Name(s): ............................................................................................................................

Last Name: .................................................................................................................................

Home Address: ..............................................................................................................................

City: ........................................ Province: ........................................ Postal Code: .........................

Phone (home): ........................................ Phone (cell): ...........................................................

E-mail address: .............................................................................................................................

Date of Birth: ................................. Gender: Male ☐ Female ☐

Year Month Day

Place of Birth: ..............................................................................................................................

City, Province and Country

PHARMACY EDUCATION

Diploma or Degree (s) University / College Location Year

1) ..................................................................................................................................................

2) ..................................................................................................................................................

Pharmacy Examination Board of Canada (PEBC) Registration Number: .................................

PEBC Exam written on (date): ........................................

Year Month Day

I wish to register as (choose one):

☐ Active Pharmacist Direct Client Care [ See Regulation 16.2(f)iii ]

☐ Active Pharmacist Non-direct Client Care

As per Regulation 16.2, I declare that

☐ I will maintain the minimum insurance coverage required by the NB College of Pharmacists

☐ my certification in the required level of First Aid & CPR will be maintained throughout the duration of my licensure if I am on the Direct Client Care Register.

Date: ........................................ Signature: .................................................................

Payment must be included with form. See the Fee Schedule on website for applicable fee. Cheque, MasterCard or Visa are acceptable forms of payment.

Credit Card #: ........................................ Expires (mm/yy): ............... 3-digit code on back of card: .......

Name as it appears on credit card: ...........................................................................................................
Certification Statements

I HEREBY CERTIFY THAT:

• I have sufficient ability to:

  Speak:  [ ] English    [ ] French
  Read:   [ ] English    [ ] French

  as to be competent to discharge my duties and obligations as a member of the
  New Brunswick College of Pharmacists.

• I am a:  [ ] Canadian citizen     [ ] Permanent Resident of Canada

• I have never been licensed to practise pharmacy in any jurisdiction.

• I have never been convicted of an offence under the Controlled Drugs and Substances Act or the
  Food and Drugs Act (See application requirements for Criminal Record Check). If yes, you must provide
  particulars thereof.

Date: ............................  Signature: ..........................................................
Statutory Declaration of Good Character

I, .......................................................... declare that

1. I have not been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the Act of the New Brunswick College of Pharmacists, or any other profession or occupation, would constitute unprofessional conduct or conduct unbecoming of a person registered under this Act.

2. My entitlement to practise pharmacy or any other health profession has not been denied, limited, restricted or subject to any terms, limits or conditions or disciplinary action in any jurisdiction at any time.

3. At the present time, no investigation, review or proceeding is taking place in any jurisdiction which could result in the suspension or cancellation of my authorization to practise pharmacy or any other health profession.

4. My past conduct does not demonstrate any pattern of incompetence or untrustworthiness, which would make registration contrary to the public interest.

5. I am aware of and will practise at all times in compliance with the Act and Regulations of the New Brunswick College of Pharmacists.

6. I shall provide the Registrar with the details of any action impacting on the above statements that relate to me, or that occur or arise prior, during, or after my registration with the New Brunswick College of Pharmacists.

7. I do not have an ongoing medical condition (including substance abuse or dependence) that would adversely affect my ability to competently and safely practise pharmacy or make me unsuitable for registration.

8. I have not been involved in a coroner’s inquest.

Provide details if any of the above are not true. Details to include Criminal offence/Disciplinary action/Investigation, date when offence was committed/applicable health profession/applicable jurisdiction; disposition of charge including details of penalty-imposed; all verdicts and recommendations of the coroner’s inquest in which you were involved; extenuating circumstances you wish taken into account for your application.

I hereby declare, as indicated by my signature below, that the contents of this application are true and complete to the best of my knowledge and belief.

I understand and agree that if I make a false or misleading statement or representation in respect of my application, I shall be deemed not to have satisfied the requirements for registration/licensure.

I further understand and agree that if registration/licensure is issued to me based upon a false or misleading statement or representation that registration/licensure is subject to immediate cancellation.

..........................................................  ..........................................................
Name (please print)                                                Signature

Dated at (city). .......................................................... this ........ day of(month) .................................. 20. ........
NBCP Policy Statement and Privacy Policy

All registrants must read the New Brunswick College of Pharmacists Policy Statement and Privacy Policy on the Collection, Use and Disclosure of Registration Information by the NBCP.

The NBCP has a defined policy of protecting the privacy of its Registrants in all of the operations of the NBCP. The majority of personal information contained in each Registrant’s record is collected, stored and used by the NBCP for the Identified Purposes as defined in the NBCP Privacy Policy.

The Personal Information collected by the NBCP from its Registrants includes:
- Demographic Information: Name, date of birth, home address, home telephone number, home fax number, e-mail address, gender, place of birth
- Education Information: Educational facility and credentials, date of graduation, Pharmacy Examination Board of Canada registration number, all other certification in regards to the pharmacy profession
- Registration Status: Registration Category, Conditions on practice, competency information, complaint or discipline information, current or past registration with other jurisdiction or Pharmacy Regulatory Authorities
- Employment Information: Place of all employment, name of employer, address of employer, telephone, fax number and e-mail address of employer.

The NBCP consent and disclosure statement for Registrants as it reads in the statement on the Registrant’s application form and/or consent form will advise the Registrant that their Personal Information is being Collected and will be Used and Disclosed for the following purposes:

a) Professional Development and education
b) Practice based Research
c) Health promotion programs
d) Populating electronic health systems
e) Workforce planning and management
f) Confirmation of registration and standing to other Pharmacy Regulatory Authorities
g) Confirmation of registration to Third Party Payers
h) Confirmation of registration to Medication distribution Centers (wholesalers and manufacturers)
i) Confirmation of registration to any member of the public or media
j) Information access by an organization contracted to manage registration information for conducting business that the NBCP is mandated to perform under provincial legislation
k) Information access by an organization involved in providing the Registrants with communications for the purposes of:
   i. Professional development and education
ii. Practice based information
iii. Health Canada Notices
iv. Practice based research
v. Health promotion programs

The NBCP collects Personal Information from its Registrants for the following Identified Purposes:

- To admit and regulate Registrants and oversee their conduct;
- To discipline, where appropriate;
- To conduct business as mandated under federal and provincial legislation.

The NBCP Privacy Policy is available online:

☐ I certify I have read and understand the NBCP Policy Statement and the Privacy Policy on the Collection, Use and Disclosure of Registration Information by the NBCP.

.......................................................... ..........................................................
Name (please print)                        Signature

Date: ........................................