

Application for Provisional Pharmacy Technician Register International Candidate

Checklist

Prior to applying to the provisional technician register the following must be completed:

- Successfully complete the PEBC Evaluation process (www.pebc.ca).
- Successfully complete the PEBC Qualifying Exam Part 1 (MCQ) (www.pebc.ca).
- Successfully meet the NAPRA English Language Fluency requirements
- Ensure you are legally entitled to obtain employment in Canada.
- Complete one of the below listed courses.

[Northern Alberta Institute of Technology \(NAIT\) IPHE101 Course "Orientation to Canadian Healthcare"](#)

OR

[University of Toronto \(U of T\) Course 3645 "Canadian Health Care System, Culture and Context for Internationally Educated Healthcare Professionals"](#),

If the above requirements are not complete the application for provisional registration will not be processed.

Application to ACP's provisional technician register

- Completed application form including the statutory declaration on page 3. The Statutory Declaration must be sworn with a commissioner for oaths notary public or lawyer.
- Endorsed (see page 4) copy of one of the following
 - Canadian birth certificate,
 - Canadian passport,
 - Canadian citizenship card,
 - Canadian permanent resident card, or
 - Open Canadian work visa.
- An endorsed copy (see page 4) of the PEBC letter stating successful completion of the Pharmacy Technician Qualifying Exam part 1 (MCQ)
- Completion certificate for either the above listed NAIT or UofT course
- An endorsed copy (see page 4) of the pharmacists or pharmacy technician degree and supporting transcripts.
- Completed guarantor form – page 4. If using a commissioner for oaths, notary public or lawyer to endorse documents this form is not required
- Original copy of criminal record check – not more than 6 months old. ACP recommends the use of BackCheck for obtaining a criminal record check. Please use the following link (<http://backcheck.ca/pharmacists-ab/>) to begin the process. Choose the Enhanced Police Information Check option as ACP will not accept the Canadian Criminal Record Check only
- Original copy of NAPRA approved English language fluency score (current within 2 years of application)
- 1 endorsed (see page 4) passport sized photo
- Two (2) letters of character reference. Letters must be written within the last 12 months and can be written by anyone except family members. The letters should be written by someone who has known you for at least one year and include name, contact information and **signature** of the person providing the reference. In addition the letter should include how long the person has known you, in what capacity they have known you and a statement about your character. **E-mailed or faxed letters are acceptable as long as they include a signature.**
- Payment – Visa or MasterCard only – Visa Debit, MasterCard Debit and American Express are not accepted
- Complete application packages must be submitted to the ACP office via post. Processing time is 15 business days from receipt of complete application. You'll be advised via email once the application has been processed.

New Requirements for Structured Practical Training

ACP council approved changes to the pharmacy technician structured practical training program for internationally trained pharmacy technicians effective January 6, 2021. Eligible preceptors must be:

- A pharmacy technician who has been on the ACP pharmacy technician register for a minimum of 2 years
- OR**
- A pharmacist who has been on the ACP clinical register for a minimum of 2 years **and** who has precepted at least two pharmacy technician students in a [CCAPP accredited pharmacy technician program](#) within the last three years.

Please see the structured practical training manual for international pharmacy technician for full details.

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Statutory Declaration – Must be sworn in the presence of a commissioner for oaths, notary public or lawyer

CANADA)
PROVINCE OF ALBERTA) In the matter of application for registration with the Alberta College of Pharmacy
TO WIT:)

I, _____, a resident of the
city/town of _____, in the Province of _____

do hereby declare that I:

- am the person referred to in the documents submitted in support of my application, and that these documents present a true and accurate account of my qualifications;
- have not been found guilty of an offence under any Act regulating the practice of pharmacy technicians or relating to the sale of drugs, or of any criminal offence;
- am not the subject of a current investigation or proceeding relating to an offence under any Act regulating the practice of pharmacy technicians or relating to the sale of drugs, or relating to any criminal offence;
- have not been the subject of a finding of professional misconduct, incompetence or incapacity in Alberta or any other jurisdiction in relation to pharmacy or any other health profession and am not the subject of any current professional misconduct, incompetence, or incapacity proceeding in Alberta or any other jurisdiction in relation to pharmacy or any other health profession;
- have not had a judgment in a civil action against me with respect to the practice of pharmacy or another regulated health profession in Alberta or any other jurisdiction.

I further declare that I shall provide the Registrar with the details of any of the following that relate to me and that occur or arise after my registration:

- a charge relating to an offence under any Act regulating the practice of pharmacy technicians or relating to the sale of drugs, or relating to any criminal offence;
- a finding of guilt in relation to an offence under any Act regulating the practice of pharmacy technicians or relating to the sale of drugs or in relation to any criminal offence;
- a finding of professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession;
- a proceeding for professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession;
- a judgment in a civil action against me with respect to the practice of pharmacy or another regulated health profession in Alberta or any other jurisdiction.

I acknowledge that I shall be deemed to have not satisfied the requirements for registration if I make a false or misleading statement or representation on my application.

I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

DECLARED before me at the _____)
(insert "city" or "town")

of _____)
(name of city / town)

in the Province of _____, this _____)

day of _____, A.D. 20 _____)

Signature of Declarant

A Commissioner for Oaths in and
for the Province of _____

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Guarantor Information and Declaration

Duties of a guarantor

Your guarantor must perform the following tasks **free of charge**:

1. Certify the information on your application form by completing and signing the *Declaration of Guarantor* portion of this form. Completed form must be submitted to ACP with the application package.
2. Write on the back of the photo, "I certify this to be a true likeness of (your name)" and sign and date.
3. Write on the back of any photocopies to be certified, "I certify this to be a true copy of the original document" and sign and date.

Eligible guarantors

Your guarantor must:

1. be a Canadian citizen residing in Canada and must be accessible to the Alberta College of Pharmacy for verification. Relatives may act as guarantors if they are a Canadian citizen residing in Canada.
2. have known you personally for at least **two years**.
3. hold a current Canadian passport

If you do not know an eligible guarantor, as outlined above, all documents must be signed by a commissioner for oaths, notary public or lawyer. If signed by a commissioner for oaths, notary public or lawyer this form is not required. All documents must bear appropriate seal or appropriate license/registration number of the commissioner for oaths, notary public or lawyer.

Declaration of Guarantor

Guarantor's surname (please print)

Given name(s)

Occupation

Cdn Passport Number

Email address

Business telephone number

Home telephone number

Cellular number (optional)

Declaration

I declare that I am a Canadian citizen who holds a valid Canadian passport and, to the best of my knowledge and belief, all of the statements made in this application are true. I have known the applicant personally for at least two years and have certified on the back of the photo that the image is a true likeness of the applicant. If applicable, I have also certified on the photocopies of supplementary documentation that, to the best of my knowledge, the photocopy is a true likeness of the original.

Signature of guarantor

Date

Signed at (city and province)

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Fee Payment

Applicants Name: _____ Registration Number: _____

Registration Fee	\$ 600.00
G.S.T. (5%):	<u>\$ 30.00</u>
Total	\$ 630.00

Payment Options

- Cheque # _____
- Credit Card - Visa or MasterCard Only

Credit Card Information

Credit Card Number _____

Name on Credit Card _____

Expiry Date (MM/YY) _____ Security Code (3 digits on back of card) _____

Cardholder's signature _____ Date _____

Cardholder's phone # _____ Cell # _____
Area code-phone # Area code-phone #

For Office Use Only

Date Transaction Processed: _____