

Application for Registration Courtesy Register Locum Pharmacist

Checklist

- Signed copy of this checklist
- Application form
- Letter of standing from the provincial regulatory authority where you currently hold a practicing pharmacist license
- 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
- Sworn Statutory Declaration (page 3 of the application form)
This document must be sworn with a commissioner for oaths, notary public or lawyer. ACP has commissioner for oaths on staff – contact the ACP office if you wish to book an appointment
- Signed copy of the Professional Declaration of Liability Insurance Coverage (page 4 of the application form).
Pharmacists must hold a minimum of two (2) million dollars of personal professional liability insurance coverage

Malpractice Insurance Providers

Canadian Pharmacists Benefits Association- Available through RxA
780-990-0326

Canadian Society of Hospital Pharmacists
(613) 736-9733

Sheppard Insurance Service Inc
780-421-1515 or 1-800-663-2242

ACP does not recommend or endorse any specific provider.

- Payment
- If you wish to apply for authorization to administer drugs by injection please see the information and application form on the ACP website (<https://pharmacists.ab.ca/nPharmacistResources/Injecting.aspx>)
- Allow 10 business days for processing of the application. You will be advised via email once the application has been processed. A new practice permit and receipt will be mailed to the address provided.
- I understand that the locum pharmacist practice permit is valid for 45 consecutive days only. After which time the practice permit will expire and I will be required to reapply and pay any associated fees.

I have reviewed this checklist and have included all required material with my application.

Date

Signature of Applicant

Application for Registration Courtesy Register Locum Pharmacist

Personal Information

ACP Registration Number: _____ Email: _____

First name Middle name Surname

Address _____

City / Town Province Postal code

Phone Number: _____ Cell Phone Number: _____
Area code Number Area Code Number

PEBC Qualifying Exam

Exam Date: _____ Registration Number: _____

Current Employment – in Alberta only

Pharmacy or hospital name License #

Address City/Town Postal code

Employment Start Date Employment End Date

Disclosure of Personal Information

ACP is responsible for maintaining and protecting the personal information you have provided. In some situations, legislation requires and/or authorizes ACP to collect and use or disclose your personal information; other situations require your consent.

ACP allows you to make your personal consent choices on your ACP registration profile page (<https://acp.alinityapp.com/webclient/>). Please log on and select your consent choices. If no selection is made, ACP will assume you consent to release your information for all approved purposes.

ACP's Privacy of Personal Information Policy can be viewed in full at www.pharmacists.ab.ca

I declare that all of the information on this application or any information supplied in support of this application is true to the best of my knowledge.

Date

Signature of Applicant

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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 Pharmacists**
TO WIT:)

I, _____, a resident of _____, in the Province of _____
(Declarant's full name) (city town of current residence)

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 pharmacists 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 pharmacists 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 pharmacists 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 pharmacists 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 _____ of _____

in the _____ of _____

this _____ day of _____ 20____

(Declarant's Signature)

Commissioner for Oaths in and for the Province of _____

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Courtesy Register
Locum Pharmacist**

Professional Declaration of Liability Insurance Coverage

13(1) *An applicant for registration as a regulated member must provide evidence of having the type and amount of professional liability insurance required by the Council.*
Pharmacists Profession Regulation, Section 13(1)

I, _____, Registration Number _____ in the
(Declarant's full name)

City of _____, in the Province of _____,
(city / town of current residence) (province of current residence)

hereby acknowledge that:

- ♦ as a regulated member on the courtesy register of the Alberta College of Pharmacists, I am in possession of valid professional liability insurance for the practice of pharmacy that provides me no less than two million dollars worth of personal coverage that is either claims-made or occurrence-based in nature;
- ♦ I understand that while on the courtesy register, I must maintain valid professional liability insurance coverage of no less than two million dollars and that if I am unable to provide proof of insurance, my practice permit may be cancelled;
- ♦ I understand that while I am registered on the courtesy register, I must maintain valid professional liability insurance coverage regardless of whether I am working or residing in Alberta;
- ♦ I understand that my professional liability insurance coverage must be personal and must provide coverage for me wherever I practice pharmacy in Alberta, regardless of whom my employer is; and
- ♦ I understand that the status of my insurance coverage is subject to audit and that false or misleading statements concerning my coverage may be referred to the Complaints Director for further investigation and may result in a recommendation that my practice permit be cancelled.

I declare that I have read the above and understand the requirements for professional liability insurance.

Date

Signature of Declarant

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Professional Declaration for Authorization to Administer Drugs by Injection

This declaration is to be completed only if the applicant is applying for authorization to administer drugs by injection and has the supporting documentation as listed below. If you do not wish to apply continue to page 6.

Choose one of the following:

- IPG Applicant – not licensed in Canada – submit the following documents with your application
 - 1) copy of certificate(s) of completion of an approved training program current within 12 months
 - 2) copy of your certificate(s) of current first aid and CPR level C or HCP

- Pharmacist licensed in another Canadian Province transferring to AB under the MACP agreement – submit the following documents with you application
 - 1) current letter of standing from the Canadian jurisdiction from which you are transferring identifying authorization is held in that jurisdiction
 - 2) copy of your certificate(s) of current first aid and CPR level C or HCP

- Graduate from a Canadian pharmacy degree program – submit the following documents
 - 1) copy of your certificate(s) of completion of an approved training program within your university curriculum
 - 2) copy of your certificate(s) of current first aid and CPR level C or HCP
 - 3) copy of your pharmacy degree

PROFESSIONAL DECLARATION

In the matter of my application to the Alberta College of Pharmacy for authorization to administer subcutaneous and intramuscular injections,

I, _____
(applicants full name) (applicants ACP registration number)

of _____ in the Province of _____, declare
(city, town or village) (province)

- (1) that as a regulated member of the Alberta College of Pharmacy, licensed on the clinical register; I will abide by the standards of practice that apply to the administration of drugs by injection and restrict my practice to those areas in which I am competent;
- (2) 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;
- (3) that I currently hold, and will maintain valid first aid and CPR certification for the duration of my authorization, and that if I am unable to provide proof of certification, my authorization to administer subcutaneous and intramuscular injections will be cancelled; and
- (4) that the status of my eligibility for authorization to administer drugs by injection is subject to audit and that false or misleading statements concerning my qualifications may be considered grounds for a complaint of unprofessional conduct.

I make this professional declaration conscientiously believing it to be true.

Declared this _____ day of _____, 20_____
(date) (month) (year)

(declarant's signature)

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Fee Payment

Applicants Name: _____ Registration Number: _____

Locum Fee (locum practice permit is valid for 45 consecutive days only)

Practice Fee	475.00
GST	<u>23.75</u>
Total	\$498.75

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: _____