Application for Pharmacy Technician Register

Checklist

To support the control of COVID-19 the ACP office will be working remotely until further notice. During this office closure please do not fax any documents to the ACP office as the fax machine will be unavailable. Please submit all documentation via email to cheryl.serna@abpharmacy.ca

☐ Signed copy of this checklist

☐ Application form

☐ Criminal Record Check. Please use http://www.backcheck.net/pharmacists-ab/ to complete the process. Choose the Enhanced Police Information Check option as ACP will not accept the Canadian Criminal Record Check only

☐ If the criminal record check supplied at initial registration is dated less than 6 months ago a new criminal record check is not required.

☐ Sworn Statutory Declaration (page 3 of the application form)

☐ If a sworn statutory declaration, dated less than 6 months ago, was submitted as part of initial registration a new statutory declaration is not required

☐ Signed copy of the Professional Declaration of Liability Insurance Coverage (page 4 of the application form). Regulated pharmacy technicians must hold a minimum of one (1) million dollars of personal professional liability insurance coverage

Malpractice Insurance Providers
Pharmacy Technician Society of Alberta (PTSA)
http://www.pharmacytechnicians.ab.ca/
Sheppard Insurance Service Inc
780-421-1515 or 1-800-663-2242

ACP does not recommend or endorse any specific provider.

☐ Copy of the PEBC letter stating successful completion of the PEBC Qualifying Exam

☐ Payment

If applicable and not previously submitted

☐ Proof of successful completion of the ACP Demonstration of Product Release program

☐ Proof of successful completion of the ACP Structured Practical Training Program

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

Applicant’s signature _________________________ Date ______________

Allow 15 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 on file.

Alberta College of Pharmacy 1100-8215 112 St. NW. Edmonton, AB T6G 2C8 Tel 780-990-0321 Fax 780-990-0328 registrationinfo@abpharmacy.ca

Last Updated: 17-March-2020
Application for Pharmacy Technician Register

Personal Information

ACP Registration Number: ____________________________

First name ___________ Middle name ___________ Surname ___________ Gender ___________

Mailing address: ___________________________________________

Phone: ___________ ___________ Area code Telephone # ___________ ___________

City / Town ___________ Province ___________ Postal code ___________

Cell: ___________ ___________ Area code Telephone # ___________ ___________

Email: ______________________________________________________

Required Exams

☐ ACP Jurisprudence Exam Date: ___________

☐ PEBC Qualifying Exam Date: ___________ Registration Number: PT __ __ __ __

Current Employment – in Alberta only

Pharmacy or hospital name ___________________________________________

License # ___________

Address ___________________________________________ City/Town ___________________________

Postal code ___________

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.allinityapp.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 abpharmacy.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.

_________________________________________ ___________________________
Applicant’s signature Date
Application for
Pharmacy Technician Register

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

(Province of Canada)  ) In the matter of application for registration with the Alberta College of Pharmacy

T0 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 technician 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 technician or any other health profession;
• have not had a judgment in a civil action against me with respect to the practice of pharmacy technician 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 technician or any other health profession;
• a proceeding for professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy technician or any other health profession;
• a judgment in a civil action against me with respect to the practice of pharmacy technician 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 ________)

________________________________________
A Commissioner for Oaths in and for the Province of ______________

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PROFESSIONAL DECLARATION

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 and Pharmacy Technician Profession Regulation, Section 13(1)

I, _______________________________________________, ACP Registration Number_________________ in the City of _________________________________, in the Province of _____________________________________, (Declarant’s full name) (city / town of current residence) (province of current residence)

hereby acknowledge that:

- as a regulated member on the pharmacy technician register of the Alberta College of Pharmacy, I am in possession of valid professional liability insurance for the scope of practice for a regulated pharmacy technician that provides me no less than one million dollars worth of personal coverage that is either claims-made or occurrence-based in nature;

- I understand that while on the pharmacy technician register, I must maintain valid professional liability insurance coverage of no less than one 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 pharmacy technician 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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1. Fee Amount

Please ensure you choose the appropriate fee option

☐ Full Fee – January 1 – December 31 …………………. $523.95 ($499 + GST)
This fee is for those who wish to license prior to July 1.

☐ Pro-rated Fee – July 1 – December 31 …………………. $288.75 ($275 + GST)

2. Registrant Information

Applicants Name: ____________________________________________ Registration Number: _____________

Signature Authorizing Payment: ________________________________ Phone Number: _________________

3. Payment Options

☐ Cheque # ________________ ☐ Credit Card - Visa or MasterCard Only

4. Payment Information

Credit Card Payment  Please complete numbers 1 to 3 above. Once the application is received via email an ACP representative will contact you at the number provided above and take your credit card information over the phone. Please email the completed application to the ACP office at cheryl.serna@abpharmacy.ca

Cheque  If you choose to pay the technician register fee via cheque this will require the application to be mailed in with the cheque payment. Please use the mailing address below – Attn: Cheryl Serna  As stated above the ACP office is working remotely and will not have access to regular mail delivery. Thus choosing a cheque payment option will increase processing well past the 15 business days.