

## Application for Pharmacy Technician Register

### Checklist

- 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/>

**Alberta First Insurance Services**

780-468-5098

**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.**

## 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.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 [abpharmacy.ca](http://abpharmacy.ca)

### Declaration

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**

**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 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 \_\_\_\_\_ )

\_\_\_\_\_  
 Signature of Declarant

\_\_\_\_\_  
 A Commissioner for Oaths in and  
 for the Province of \_\_\_\_\_

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

## Application for Pharmacy Technician Register

### 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  
(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 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

## Application for Pharmacy Technician Register

### Payment Information

Applicants Name: \_\_\_\_\_ Registration Number: \_\_\_\_\_

For your security, ACP will only accept payment information via fax or mail. Email is not considered a secure method of providing credit card information according to Payment Card Industry (PCI) standards.

Full Fee – January 1 – December 31 ..... \$533.40 (\$508 + GST)

This fee is for those who wish to license prior to July 1.

Pro-rated Fee – July 1 – December 31 ..... \$294.00 (\$280 + GST)

This fee is for those who wish to license anytime between July 1 and December 31

### 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: \_\_\_\_\_