

## Application for Registration Pharmacy Technician 2023

### Checklist

- Signed copy of this checklist
- Application form
- Criminal Record Check. Please use <https://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 and 4 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 5 of the application form). Regulated pharmacy technicians must hold a minimum of one (1) million dollars of personal professional liability insurance coverage. See below for provider suggestions or you may choose a provider of your choice.

<b>Pharmacy Technician Society of Alberta (PTSA)</b> <a href="http://www.pharmacytechnicians.ab.ca/">http://www.pharmacytechnicians.ab.ca/</a>	<b>Sheppard Insurance Service Inc</b> 780-421-1515 or 1-800-663-2242
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- The certificate of completion for the Jurisprudence Learning Module (JLM) from **January 2021** or later.
- 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 Registration Pharmacy Technician 2023

## Personal Information

ACP Registration Number: \_\_\_\_\_

\_\_\_\_\_ First Name Middle Name Surname

Mailing Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ City/Town Province Postal Code

Cell: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ 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 ([Alinity - Advanced Simplicity \(abpharmacy.ca\)](http://abpharmacy.ca)). 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)

I declare that all 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 Registration Pharmacy Technician 2023

**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 \_\_\_\_\_, in the Province of \_\_\_\_\_  
(Declarant's full name) (city town of current residence)

do solemnly declare:

- |   |     |    |
|---|-----|----|
| 1. 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.  | Yes | No |
| 2. I have plead guilty or been found guilty of a criminal offence in Canada or an offence of a similar nature in a jurisdiction outside Canada for which I was not pardoned.  | Yes | No |
| 3. I am currently the subject of a proceeding relating to any criminal offence in Canada or any jurisdiction outside of Canada.   | Yes | No |
| 4. I am aware that I am the subject of an open and ongoing police investigation.  | Yes | No |
| 5. I am aware that I have outstanding charges, warrants, peace bonds, prohibition orders, release conditions or restraining orders against me in Canada or any jurisdiction outside of Canada.  | Yes | No |
| 6. I have been the subject of a finding of negligence, professional or ethical misconduct, incompetence or incapacity in relation to the practice of any regulated health profession in Canada or any jurisdiction outside of Canada. | Yes | No |
| 7. I am currently the subject of a proceeding for professional or ethical misconduct, incompetence, or incapacity in relation to the practice of any regulated health profession in Canada or any jurisdiction outside of Canada.     | Yes | No |
| 8. I have been refused an application for registration as a pharmacist or pharmacy technician, or another regulated health professional in Canada or any jurisdiction outside of Canada.  | Yes | No |
| 9. I have 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.   | Yes | No |
| 10. I am affected by a physical or mental condition or disorder or aware of anything that impairs my capacity <sup>1</sup> to provide pharmacy services in a safe and competent manner.   | Yes | No |
| 11. If I have answered “Yes” to any of sections 2 to 10, I have enclosed full particulars in relation to the sections that I have answered “Yes” to.  | Yes | No |
| 12. I understand that while I am a regulated member of the Alberta College of Pharmacy I am obligated to provide the registrar with the details of any of the following that relate to me and occur or arise after my registration if | Yes | No |
| a. I plead guilty, or have been found guilty, of a criminal offence in Canada or an offence of a similar nature in a jurisdiction outside Canada for which I am not pardoned.   |     |    |

<sup>1</sup> *Health Professions Act*, Interpretation 1(1)(s) “incapacitated”: means suffering from a physical, mental or emotional condition or disorder or an addiction to alcohol or drugs as defined in the *Pharmacy and Drug Act* or other chemicals that impairs the ability to provide professional services in a safe and competent manner.  
 Alberta College of Pharmacy ■ 1100-8215 112 St. NW. Edmonton, AB T6G 2C8 ■ Tel 780-990-0321 ■ Fax 587-850-2888 ■ registrationinfo@abpharmacy.ca

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- b. I become the subject of a proceeding relating to any criminal offence in Canada or any jurisdiction outside of Canada.
- c. I become the subject of a finding of negligence, professional or ethical misconduct, incompetence or incapacity in relation to the practice of any regulated health profession in Canada or any jurisdiction outside of Canada.
- d. I become the subject of a proceeding for professional or ethical misconduct, incompetence, or incapacity in relation to the practice of any regulated health profession in Canada or any jurisdiction outside of Canada.
- e. I am refused an application for registration as a pharmacist or pharmacy technician, or another regulated health professional in Canada or any jurisdiction outside of Canada.
- f. A judgment in a civil action is registered against me with respect to the practice of pharmacy or another regulated health profession in Alberta or any other jurisdiction.
- g. I become affected by a physical or mental condition or disorder or aware of anything that impairs my capacity<sup>2</sup> to provide pharmacy services in a safe and competent manner.
- h. I become aware that I am the subject of an open and ongoing police investigation.
- i. I become aware that I have outstanding charges, warrants, peace bonds, prohibition orders, release conditions or restraining orders against me in Canada or any jurisdiction outside of Canada.

13. 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 understand that a false declaration or failure to fulfil my declared obligations may be referred to the complaints director for further investigation, which may result in referral to a hearing before a Hearing Tribunal. Yes      No

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  
**(Out of Province Declarants – please declare this document before a Notary Public)**

<sup>2</sup> *Health Professions Act*, Interpretation 1(1)(s) "incapacitated": means suffering from a physical, mental or emotional condition or disorder or an addiction to alcohol or drugs as defined in the *Pharmacy and Drug Act* or other chemicals that impairs the ability to provide professional services in a safe and competent manner.

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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  
(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 Registration Pharmacy Technician 2023

## 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, 2023..... \$585.90 (\$558 + GST)  
This fee is for those who wish to license prior to July 1.

Pro-rated Fee – July 1 – December 31 2023..... \$308.70 (\$294 + 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 (No Visa Debit)

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