

Application for Provisional Pharmacist (Intern) Register International Pharmacy Graduates

Instructions

Prior to applying to the provisional pharmacist register, complete the following:

- Enroll in the [Pharmacists Gateway Canada](#).
- Proof of enrollment or successful completion of the [Certificate to Canadian Pharmacy Practice \(CCPP\) program](#)
- Successfully complete the PEBC Qualifying Exam Part 1 (MCQ) (www.pebc.ca).
- Successfully meet [English Language Fluency](#) requirements. Evidence of English Language Fluency must be added to your [Pharmacists Gateway Canada](#) profile.
- At the time of initial application to ACP [English Language Fluency](#) results must be current within 2 years.
- Ensure you have chosen the Alberta College of Pharmacy (ACP) as your designated PRA and have completed the engagement process. If you have previously chosen a different PRA you will be required to add ACP as an additional PRA on your [Pharmacists Gateway Canada](#) profile.
- Ensure you are legally entitled to obtain employment in Canada.
- Ensure you have secured an experienced preceptor in accordance with the [SPT rules](#) and submit a completed [Experienced Preceptor Declaration form](#) as part of your application. An experienced preceptor is not required if you have successfully completed the CCPP program.

The above must be successfully completed prior to application. If all points have not been completed, your application may be returned resulting in a delay in registration.

Application to ACP's provisional pharmacist (intern) register

- Complete application form. Allow 15 business days for processing. ACP will not confirm receipt of applications. Email notification will be sent once processed or if there are issues with the application.
- Page 3 of the application is mandatory and must be sworn with a commissioner for oaths, notary public or lawyer.
- Submit one (1) endorsed passport sized photo – see page 4 of the application.
- Submit an endorsed copy of one of the following – see page 4 of the application.
 - Canadian birth certificate
 - Canadian passport
 - Canadian citizenship card
 - Canadian permanent resident card
 - Open Canadian work permit
- Submit an endorsed copy of name change or marriage certificate. This is applicable only if the name on any document is different from legal name.
- Completed guarantor form – page 4 of the application. If using a commissioner for oaths, notary public or lawyer for submitted documents this form is not required.
- Enhanced Police Information Check not more than 6 months old. Use the following link <http://www.backcheck.net/pharmacists-ab/> to begin the process.
- Submit two (2) letters of character reference, written within the last 12 months, by anyone except family members. Letters must include the name, contact information and signature of the person providing the reference; a statement about how long the person has known you (minimum of 1 year) and in what capacity they have known you; and a statement about your character.
- Submit payment - Visa, MasterCard or Cheque – Visa Debit or American Express are not accepted.

Application for Provisional Pharmacist (Intern) Register International Pharmacy Graduates

Personal Information

First Name	Middle Name	Surname	Gender
Mailing address:		Phone: _____	
		Area code Telephone #	
City / Town	Province	Postal code	Cell: _____
		Area code Telephone #	
Date of birth (day/month/year)	Place of birth (country)	Email: _____	
Gateway National ID No.: _____ - _____			

PEBC Exams

PEBC Qualifying Exam Part I (MCQ) Date: _____

PEBC Qualifying Exam Part II (OSCE) Date: _____

PEBC Registration Number (issued after successful completion of both exams): _____

Education – Pharmacy Degree

University name: _____

University location: _____

Date of graduation: _____

Degree Earned: _____

Declaration and Acknowledgement

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's Privacy of Personal Information Policy can be viewed in full at abpharmacy.ca

ACP allows you to make your personal consent choices on your ACP registration profile page ([Alinity - Advanced Simplicity \(abpharmacy.ca\)](#)). 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.

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 Provisional Pharmacist (Intern) Register International Pharmacy Graduates

Statutory Declaration - must be sworn with a commissioner of 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 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 _____)
(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 _____

Application for Provisional Pharmacist (Intern) Register International Pharmacy Graduates

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)

Application for Provisional Pharmacist (Intern) Register International Pharmacy Graduates

Fee Payment

Registration Fee	\$ 615.00
G.S.T. (5%):	<u>\$ 30.75</u>
Total	\$ 645.75

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: _____