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

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Surname</th>
<th>Gender</th>
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**Mailing address:**

**Phone:**

**Cell:**

**Email:**

**Date of birth (day/month/year):**

**Place of birth (country):**

**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](http://abpharmacy.ca).

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

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
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Statutory Declaration - must be sworn with a commissioner of oaths, notary public or lawyer

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 ____________________________
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)
Fee Payment

Registration Fee $ 615.00
G.S.T. (5%): $ 30.75
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 # __________________________

For Office Use Only

Date Transaction Processed: _________________________