Application for Registration
Clinical Register
Pharmacist

Checklist

❒ Signed copy of this checklist

❒ Completed application form

❒ Criminal Record Check. Please use the BackCheck link (http://www.backcheck.ca/pharmacists-ab/) to complete the process. Choose the Enhance Police Information Check 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). Pharmacists must hold a minimum of two (2) million dollars of personal professional liability insurance coverage

Malpractice Insurance Providers
Canadian Pharmacists Benefits Association- Available through RxA
780-990-0326
Canadian Society of Hospital Pharmacists
(613) 736-9733
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.

❒ If applying for authorization to administer drugs by injection complete the declaration on page 5 of this application and submit the required supporting documents

❒ Payment

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

Date _____ Signature of Applicant _____

Allow 15 business days from receipt of a complete application for processing. You will be advised via email once the application has been processed. A new practice permit and receipt will be mailed to the address provided.

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Personal Information

ACP Registration Number: _____

_____ First name _____ Middle name _____ Surname

Address _____

_____

_____
City / Town Province Postal code

Phone Number: _____ Area code Number Cell Phone Number: _____ Area Code Number

Email: _____

PEBC Qualifying Exam

Final Qualifying Exam Date: _____ PEBC Registration Number: _____

❒ PEBC Qualifying Exam has been recently written and results are pending

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**

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.

_____ _____
Date Signature of Applicant

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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
T0 WIT:)

I, _____, a resident of _____, in the Province of _____
(Declarant's full name) (city town of current residence)

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 _____ of _____

in the _____ of _____ _____
(Declarant's Signature)

this _____ day of _____ 20____

_____
Commissioner for Oaths in and for the Province of _____

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Professional Declaration of 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 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 clinical register of the Alberta College of Pharmacy, I am in possession of valid professional liability insurance for the practice of pharmacy that provides me no less than two million dollars worth of personal coverage that is either claims-made or occurrence-based in nature;
- I understand that while on the clinical register, I must maintain valid professional liability insurance coverage of no less than two 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 clinical 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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Professional Declaration for Authorization to Administer Drugs by Injection

This declaration is to be completed only if the applicant is applying for authorization to administer drugs by injection and has the supporting documentation as listed below. If you do not wish to apply continue to page 6.

Choose one of the following:

❒ IPG Applicant – not licensed in Canada – submit the following documents with your application
1) copy of certificate(s) of completion of an approved training program current within 12 months
2) copy of your certificate(s) of current first aid and CPR level C or HCP

❒ Pharmacist licensed in another Canadian Province transferring to AB under the MACP agreement – submit the following documents with you application
1) current letter of standing from the Canadian jurisdiction from which you are transferring identifying authorization is held in that jurisdiction
2) copy of your certificate(s) of current first aid and CPR level C or HCP

❒ Graduate from a Canadian pharmacy degree program – submit the following documents
1) copy of your certificate(s) of completion of an approved training program within your university curriculum
2) copy of your certificate(s) of current first aid and CPR level C or HCP
3) copy of your pharmacy degree

PROFESSIONAL DECLARATION

In the matter of my application to the Alberta College of Pharmacy for authorization to administer subcutaneous and intramuscular injections,

I, _____
(applicants full name) (applicants ACP registration number)

of_____ in the Province of _____, declare
(city, town or village) (province)

(1) that as a regulated member of the Alberta College of Pharmacy, licensed on the clinical register; I will abide by the standards of practice that apply to the administration of drugs by injection and restrict my practice to those areas in which I am competent;

(2) 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;

(3) that I currently hold, and will maintain valid first aid and CPR certification for the duration of my authorization, and that if I am unable to provide proof of certification, my authorization to administer subcutaneous and intramuscular injections will be cancelled; and

(4) that the status of my eligibility for authorization to administer drugs by injection is subject to audit and that false or misleading statements concerning my qualifications may be considered grounds for a complaint of unprofessional conduct.

I make this professional declaration conscientiously believing it to be true.

Declared this_____ day of_____, 20_____
(date) (month) (year)

_____
(declarant's signature)

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Statistical Information

Post Graduate Degree(s) – complete only if applicable

Note: List only post graduate degrees obtained in the field of pharmacy

University: _____

Grad Year: _____

Degree Earned: [___]PharmD [___]Master's
[___]Doctorate [___]Accredited Residency
[___]Other _____

Employment Status

☐ Employed in the profession of pharmacy *
☐ Employed in other than pharmacy and seeking employment in pharmacy
☐ Employed in other than pharmacy and **not** seeking employment in pharmacy
☐ Unemployed and seeking employment in pharmacy
☐ Unemployed and **not** seeking employment in pharmacy

If you have chosen **Employed in the profession of pharmacy**, you must complete the Primary Place of Employment box below. If you have a second and third place of employment please e-mail the information to the ACP office. If you have chosen any other option above, you are not required to complete the remainder of this section.

Primary Place of Employment – complete for your primary place of employment in the profession of pharmacy.

If in Canada, please indicate Province / Territory _____ and Postal Code_____

If not in Canada, please indicate country of employment _____

Area of Employment:

☐ Community Pharmacy
☐ Other Pharmacy
☐ Health Related Industry / Mfg / Commercial
☐ Hospital/Health Care Facility
☐ Other Community-Based Pharmacist Practice
☐ Association/Government/Para-Governmental
☐ Community Health Centre
☐ Community Pharmacy Corporate Office
☐ Other place of work - not identified
☐ Group Professional Practice/Clinic
☐ Post-Secondary Educational Institution

Category:

☐ Permanent Employee
☐ Temporary Employee
☐ Casual Employee
☐ Self-Employed

Primary Position:

☐ Staff Pharmacist
☐ Director of Pharmacy
☐ Pharmacist Consultant
☐ Pharmacy Manager
☐ InstitutionalLeader/Coordinator
☐ Industrial Pharmacist

Estimated Hours Per Week:

☐ 40+ ☐ 30-39 ☐ 15-29 ☐ 14 or less

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Fee Payment

Applicants Name: _____ Registration Number: _____

❒ **Pharmacist Fee (Effective July 1 – June 30)**
This fee is for those who wish to license prior January 1.

Practice Fee	825.00
GST	41.25
Total	**$866.25**

❒ **Pro-Rated Fee (Effective January 1 - June 30)**
This fee is for those who wish to license anytime between January 1 and June 30.

Practice Fee	454.00
GST	22.70
Total	**$476.70**

The pharmacist license year in Alberta is from July 1 – June 30. License renewal for the upcoming licensing year must be completed by May 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: _____