

Application for Provisional Register Canadian University Students

Checklist

- Signed copy of this checklist
- Application form
- Endorsed copy of one of the following
(to endorse a copy, the guarantor writes, "I certify this is a true copy" on the document and signs the copy)
 - Canadian birth certificate,
 - Canadian passport,
 - Canadian citizenship card,
 - Canadian permanent resident card, or
 - Canadian work visa.
- Sworn statutory declaration – page 3 of the application. This document must be sworn with a commissioner for oaths, notary public or lawyer.
- Completed guarantor form – page 4. If using a commissioner for oaths, notary public or lawyer to endorse documents this form is not required.
- Original copy of criminal record check – not more than 6 months old. ACP recommends the use of BackCheck for obtaining a criminal record check. Please use the following link (<http://backcheck.ca/pharmacists-ab/>) to begin the process. Choose the Enhanced Police Information Check option as ACP will not accept the Canadian Criminal Record Check only
- A letter from a Canadian or U.S. university stating enrollment in a pharmacy degree program
- 1 endorsed passport sized photo.
(to endorse a photo, the guarantor writes, "I certify this is a true likeness" on the back of the photo and signs it)
- 2 letters of character reference. Letters of character reference must be written within the last 12 months and can be written by anyone except family members. The letters should be written by someone who has known you for at least one year. 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 and in what capacity they have known you; and a statement about your character.
- Copy of name change or marriage certificate – if name on any document is different from legal name.
- Payment – see page 4 of the application
- Once the application has been received in the ACP office allow 15 business days (not including weekends) for processing. You will be advised via email once the application has been processed or if there are problems with the application**

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

Applicant's signature

Date

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Personal Information

First name	Middle name	Surname	Gender

Mailing address: _____	Phone: _____						
	Area code Telephone #						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;"></td> <td style="width: 33%; border-bottom: 1px solid black;"></td> <td style="width: 33%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">City / Town</td> <td style="text-align: center; font-size: small;">Province</td> <td style="text-align: center; font-size: small;">Postal code</td> </tr> </table>				City / Town	Province	Postal code	Cell: _____
City / Town	Province	Postal code					
	Area code Telephone #						
Date of birth (day/month/year) _____	Place of birth (country) _____	Email: _____					

Education – Pharmacy Degree

University Currently Attending: _____

Current Year (completed or eligible to complete)
 1st
 2nd
 3rd
 4th
 5th

Anticipated date of graduation: _____

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 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

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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**
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 _____

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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)
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Fee Payment

Applicants Name: _____ Registration Number: _____

Registration Fee	\$ 600.00
G.S.T. (5%):	\$ 30.00
Total	\$ 630.00

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: _____