

## Application for Provisional Pharmacy Technician Register Transferring from Another Canadian Jurisdiction

### 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 form)  
This document must be sworn with a commissioner for oaths, notary public or lawyer.
- A letter of standing from each provincial regulatory body where you are (or have been) registered as a regulated pharmacy technician
- Completed guarantor form – page 3. 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
- 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)
- Two (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. **E-mailed or faxed letters are acceptable as long as they include a signature.**
- Payment
- Once the application has been received in the ACP office allow 15 business days (not including weekends) for processing. Due to volume ACP cannot confirm receipt of applications. 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

Have you previously registered with ACP? Yes  No     If yes, provide ACP registration number \_\_\_\_\_

Mailing address: \_\_\_\_\_                      Phone: \_\_\_\_\_  
Area code    Telephone #

\_\_\_\_\_  
City / Town                      Province                      Postal code

\_\_\_\_\_  
Date of birth (day/month/year)                      Place of birth (country)

Cell: \_\_\_\_\_  
Area code    Telephone #

Email: \_\_\_\_\_

## Registration – List all jurisdictions in which you are (or have been) registered as a regulated pharmacy technician

<b>Jurisdiction</b>	<b>Registration #</b>	<b>Present Status</b>
_____	_____	_____
_____	_____	_____

## Education – pharmacy technician certificate or diploma

School name: \_\_\_\_\_      School location: \_\_\_\_\_      Date of graduation: \_\_\_\_\_

Did not attend a formal program – trained on the job.

## 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 (<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](http://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.

\_\_\_\_\_  
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 pharmacy technicians 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 pharmacy technicians 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 pharmacy technicians 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 pharmacy technicians 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

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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)

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**Fee Payment**

Applicants Name: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Registration Fee	\$ 551.00
G.S.T. (5%):	\$ 27.55
<b>Total</b>	<b>\$ 578.55</b>

**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: \_\_\_\_\_