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Temporary pharmacist in charge professional declaration

This declaration is made to the Alberta College of Pharmacy as part of an application to the registrar to be placed as a temporary pharmacist in charge under section 14(2) of the *Pharmacy and Drug Act*.

I, _____, a resident of _____, in the Province of _____
name of applicant name of city/town

do solemnly declare:

1. I am the proposed temporary pharmacist in charge (TPIC).	Yes	No
2. I am a clinical pharmacist in good standing ¹ with ACP.	Yes	No
3. I am currently a licensee or temporary pharmacist in charge at another pharmacy.	Yes	No
4. I have been convicted of an indictable offence related to misconduct, fraud, or commercial matters within Canada or a similar offence outside of Canada.	Yes	No
5. I have been prevented from being a licensee or its equivalent in another jurisdiction.	Yes	No
6. I am affected by a physical or mental condition or disorder or aware of anything that impairs my capacity ² to fulfill the responsibilities and obligations of a temporary pharmacist in charge under the Legislative Framework.	Yes	No
7. If I have answered "Yes" to question 4, 5, or 6, I have enclosed full particulars in relation to the sections that I have answered "Yes" to, including submitting a completed disclosure form.	Yes	No
8. All information that I have attached to this professional declaration or provided in connection with my application to become a temporary pharmacist in charge is accurate.	Yes	No
9. I understand that I will not have satisfied the requirements to become a temporary pharmacist in charge if I make a false or misleading statement or representation on my application.	Yes	No
10. I understand that a false declaration or the provision of inaccurate, false, or misleading information in connection with my application to become a temporary pharmacist in charge may result in a referral to the complaints director.	Yes	No

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

Declared this _____ day of _____ 20_____
date month year ACP registration number

(declarant's signature)

This document must be completed by the temporary pharmacist in charge.

¹ Good standing includes but is not limited to no conditions or restrictions on your practice permit, no outstanding complaints that have been referred to a Hearing Tribunal or outstanding sanctions ordered by the Hearing Tribunal, and no other restrictions on practice or requirements to submit for assessment under section 118 of the *Health Professions Act*.

² *Health Professions Act*, Interpretation 1(1)(s) "incapacitated" means suffering from a physical, mental, or emotional condition or disorder or an addiction to alcohol or drugs as defined in the *Pharmacy and Drug Act* or other chemicals that impairs the ability to provide professional services in a safe and competent manner.