



APPLICATION FOR
STUDENT PHARMACIST (UBC) REGISTRATION

CHECKLIST

You must submit

1. Checklist *(page 1)*.
2. Application form *(page 2)*.
3. Copy of birth certificate or Canadian citizenship card.
4. Copy of letter from UBC confirming registration with Faculty of Pharmacy.
5. Notarized identification *(use form on page 3)*.
6. Statutory declaration *(use form on page 4)*.
7. Criminal record check authorization *(use form on page 5)*.

You must submit IF

8. Copy of name change or marriage certificate - if name on any document is different from legal name.
9. Evidence of your authorization to work in Canada – if you are not a Canadian citizen or a permanent resident. Acceptable documents: Canadian citizenship card, Canadian passport, permanent resident card, social insurance card, or work permit.
10. A letter/certificate of standing from **each** regulatory body - if you have engaged in the practice of pharmacy or another health profession in another jurisdiction. Letter/certificate must be dated within three months prior to the date of the application and must be mailed to the college office directly from the regulatory bodies.

Photocopy both sides of documents where applicable.
Documents in a language other than English must be translated by a government official or an official translator.



APPLICATION FOR STUDENT PHARMACIST (UBC) REGISTRATION

Application Form

CONTACT INFORMATION

Ms Mrs Miss Mr Dr

Legal name _____
Last name (Surname) First name Other name(s)

Address _____

City Province

_____ Postal code _____ Country

Tel (home) _____
 Tel (work) _____
 Email _____

OTHER INFORMATION

- 1) Education UBC Student ID # _____
- 2) Birth date YYYY-MM-DD _____ YES NO
- 3) Is this the first time you have applied for pre-registration with the College of Pharmacists of BC?

PAYMENT OPTION

Cheque/Money order (payable to College of Pharmacists of BC)

VISA MasterCard

Card # _____ Exp ____/____

Cardholder name _____

Cardholder signature _____

Application fee *	170.00
HST	20.40
Total	\$190.40
<small>HST # R106953920</small>	

** Includes criminal record check*

I hereby authorize the College of Pharmacists of British Columbia to disclose my criminal record check information to the University of British Columbia for the purposes of compliance with the Criminal Records Review Act.

_____ Date

_____ Applicant signature



**APPLICATION FOR
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Notarized Identification

APPLICANT INFORMATION

Applicant name _____

Required Documents

Passport photograph, taken within one year, affixed to space provided.

Copy of name change or marriage certificate if name on any document is different from legal name.

Required identification - one primary and one secondary.

Identification presented to the Notary Public must be the **original** document issued by the government agency. Photocopies are acceptable only if certified by the issuing government agency to be true copies of the original.



PRIMARY		SECONDARY	
Document type	Document number	Document type	Document number
<input type="checkbox"/> Birth certificate		<input type="checkbox"/> Passport	
<input type="checkbox"/> Canadian citizen card		<input type="checkbox"/> Valid Canadian driver's license	
<input type="checkbox"/> Canadian identity card		<input type="checkbox"/> British Columbia identification card	
		<input type="checkbox"/> Naturalization certificate	
		<input type="checkbox"/> Canadian Forces identification	

_____ Date

_____ Applicant signature

NOTARY PUBLIC CERTIFICATION

I hereby verify that the person shown in the photograph affixed on this page is the same person:

- Whose name appears as the Applicant.
- Whose identity has been proven to my satisfaction through presentation of the identification indicated.
- Whose signature on this document was signed in my presence.

_____ Date

_____ Notary signature

Notary name _____

Address _____

Tel _____

SEAL



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Statutory Declaration (Form 5)

*PROVINCE OF BRITISH COLUMBIA, CANADA, IN THE MATTER OF
AN APPLICATION FOR REGISTRATION
WITH THE COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA*

I, _____ declare that (*check the appropriate boxes*) :

1. I have not been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act, would constitute unprofessional conduct or conduct unbecoming of a person registered under these bylaws.
2. My entitlement to practise pharmacy has not been limited, restricted or subject to any terms, limits or conditions or disciplinary action in any jurisdiction at any time.
3. At the present time, no investigation, review or proceeding is taking place in any jurisdiction which could result in the suspension or cancellation of my authorization to practise pharmacy in that jurisdiction.
4. My past conduct does not demonstrate any pattern of incompetence or untrustworthiness, which would make registration contrary to the public interest.
5. I am a person of good character.
6. I am aware of and will practice at all times in compliance with the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act of British Columbia, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
7. I shall provide the Registrar with the details of any of the following that relate to me or that occur or arise prior, during, or after my registration with the College of Pharmacists of BC.
- *a charge relating to an offense under any Act regulating the practice of pharmacy or relating to the sale of drugs, or relating to any criminal offense;*
 - *a finding of guilt in relation to an offense under any Act regulating the practice of pharmacy or relating to the sale of drugs or in relation to any criminal offense;*
 - *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.*

On a separate sheet of paper, provide details if any of the above is not true (i.e. if any of the above boxes is not checked off). Details to include:

- a. Criminal offence/Disciplinary action/Investigation*
- b. Date when offence was committed*
- c. Disposition of charge including details of penalty-imposed*
- d. Extenuating circumstances you wish taken into account for your application.*

I declare the facts set out herein to be true.

Date

Applicant signature



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Criminal Record Check Authorization

APPLICANT INFORMATION

Legal name, Mailing address, Gender, Birth date, Other names used or have used

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA)

The information requested on this form is collected under the authority of the Criminal Records Review Act and in the case of child care facilities, the Community Care Facility Act, and the regulations which govern both these acts.

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS

Pursuant to the B.C. Criminal Records Review Act

- I hereby consent to a check for records of criminal convictions to determine whether I have a conviction or outstanding charge for any relevant offences under the Criminal Records Review Act.

"Deputy Registrar" means a person appointed under the Public Service Act as deputy registrar for the purposes of this Act.

Consent for Release of Information and Acknowledgements

- I have read and understood the Consent for Release of Information and Acknowledgements above. I hereby consent to these terms as indicated by my signature below.

Date

Applicant signature