



APPLICATION FOR
FULL PHARMACIST REGISTRATION

APPLICANT INFORMATION

- Ms Mrs Miss Mr Dr

Name Address City Province Postal code Country Tel (home) Tel (work) Email

PAYMENT OPTION

Cheque/Money order VISA MasterCard Card # Exp Cardholder name Cardholder signature

Table with 2 columns: Description, Amount. Rows: Registration fee (650.00), HST (78.00), Total (\$728.00), HST # R106953920

I attest that I am in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Pharmacists Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.

I have professional liability insurance that meets the following criteria:

- Provides a minimum of \$2 million coverage. Provides occurrence based coverage or claims made with extended reporting period of at least 3 years. If not in the pharmacists' name, the group policy covers the pharmacist as an individual.

I have signed and attached:

- Statutory Declaration (use form on page 2). Pharmacists Confidentiality Undertaking (use form on page 3).

Date

Applicant signature



**APPLICATION FOR  
FULL PHARMACIST REGISTRATION**

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 or any other health profession 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 or any other health profession.
- 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, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs, or relating to any criminal offense;
  - a finding of guilt in relation to an offense under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession 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/Applicable health profession/Applicable jurisdiction*
- 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



**APPLICATION FOR  
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Pharmacist Confidentiality Undertaking

I agree to access the **PharmaNet** clinical and patient database through the in-pharmacy computer system, on the following terms and conditions:

- I will not access or use any clinical or patient information in the PharmaNet database or the in-Pharmacy computer system for any purpose other than those authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.
- I agree at all times to treat as confidential all information referred to in paragraph (1) and will not participate in or permit, the unauthorized release, publication or disclosure of the said information to any person, corporation or other entity under any circumstances except as authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.
- I agree at all times, to treat as confidential all information relating to the security and management of the PharmaNet database and the in-pharmacy computer system.
- I agree to be bound by the provisions of this agreement and will continue to do so following termination of employment in the pharmacy for any reason.
- I agree to adhere to all policies and procedures issued by the pharmacy manager and/or the pharmacy owner, consistent with legislation, policies, procedures and standards issued by the College of Pharmacists of British Columbia or the Province of British Columbia, related to the confidentiality, privacy and security of the patient or clinical information contained in the PharmaNet database and the in-pharmacy computer database.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant signature

*Note:*

1. *Attach original with application for registration.*
2. *Make a copy for the pharmacy manager - to be retained in the pharmacy files.*