



Application for Certificate of Registration as a Pharmacist

Please Type or Print

| | | | |
|---|----------|--|--|
| Social Insurance Number | | OCP Registration Number (previously assigned by OCP) | |
| Surname: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss | | | |
| Given Name(s) in full | | Previous Surname | |
| Street Address | | Apt. # | |
| City | Province | Postal Code | |
| Phone | Mobile | Fax | |
| E-Mail | | | |

Personal Professional Liability Insurance

Effective January 1st, 2008 Pharmacists are required to provide proof of personal professional liability insurance. For more information, please visit www.ocpinfo.com

| | | | |
|---------------------------|----------------|--------------------------|--|
| Name of Insurance Company | | Name of Insurance Broker | |
| Certificate/Policy Number | Effective Date | Expiry Date | |

Fluency

- Graduate of a Canadian/US Faculty of Pharmacy, or
 International Pharmacy Graduate: Name of Fluency Exam taken: _____ Date Fluency Exam taken: _____

Examinations (please indicate date examination was taken)

- PEBC Qualifying Examination (MCQ and OSCE) Date taken: _____
 OCP Jurisprudence Examination Date taken: _____

Language Preference*

- English *PLEASE NOTE: This is for demographic and statistical purposes only.
 French All correspondence will be in English.

Primary Place of Practice, upon registration (if known)

| | | | |
|------------------|-------------|-------------------------------|--|
| Name of Pharmacy | | Pharmacy Accreditation Number | |
| Street Address | | City | |
| Province | Postal Code | Phone | |
| Fax | E-mail | | |

Fees

- The annual fee for a Certificate of Registration as a Pharmacist is: \$678.00 (\$600.00 + \$78.00 HST)
- If you are registering between September 1 and March 9, the fee is: \$339.00 (\$300.00 + \$39.00 HST)

You are also required to submit the following in addition to the annual fee:

- Application for a Certificate of Registration as a Pharmacist: \$231.65 (\$205.00 + \$26.65 HST)
- If you completed Studentship Training: \$463.30 (\$410.00 + \$53.30 HST)
- If you completed Internship Training: \$463.30 (\$410.00 + \$53.30 HST)

For Office Use Only

- Cheque Cash Credit Card Money Order

Applicant Signature

I _____ acknowledge that I cannot practice as a pharmacist until I have received confirmation from the College.

Date _____

Signature _____

Please note: your Certificate of Registration will be couriered to your home address.

July 2010

Declaration of Good Character



- For: Pre Registration
 Application as a Student
 Application as an Intern
 Application as a Pharmacist

Have you 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 in Ontario, or any other jurisdiction? Yes No

Are you the subject of a current 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 in Ontario, or any other jurisdiction? Yes No

Have you ever been or are you currently the subject of a finding of professional misconduct, incompetence or incapacity in Ontario or any other jurisdiction in relation to pharmacy or any other health profession? Yes No

I acknowledge that I shall be deemed to have not satisfied the requirement for a certificate of registration if I make a false or misleading statement or representation on my application. Yes No

I agree 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: Yes No

- 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.

I hereby certify that the statements made by me on this application are complete and correct to the best of my knowledge and belief. I understand that a false or misleading statement may disqualify me from registration or may be cause for revocation of any registration which may be granted to me.

Please print your name _____ OCP # _____
(First name) (Last name) (if applicable)

Signature _____ Date _____