



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 Interns 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 | | |
| <input type="checkbox"/> Graduate of a Canadian/US Faculty of Pharmacy, or <input type="checkbox"/> International Pharmacy Graduate: Name of Fluency Exam taken: _____ Date Fluency Exam taken: _____ | | |
| Examinations (please indicate date examination was taken) | | |
| <input type="checkbox"/> PEBC Qualifying Examination (MCQ and OSCE) | | Date taken: _____ |
| <input type="checkbox"/> OCP Jurisprudence Examination | | Date taken: _____ |
| Language Preference* | | |
| <input type="checkbox"/> English <input type="checkbox"/> French | | *PLEASE NOTE: This is for demographic and statistical purposes only. 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: \$564.81 (\$537.91 + \$26.90 GST)
- If you are registering between September 1 and March 9, the fee is: \$282.40 (\$268.95 + \$13.45 GST)

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

- Application for a Certificate of Registration as a Pharmacist: \$194.13 (\$184.89 + \$9.24 GST)
- If you completed Studentship Training: \$388.27 (\$369.78 + \$18.49 GST)
- If you completed Internship Training: \$388.27 (\$369.78 + \$18.49 GST)

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.