

APPLICATION FOR REINSTATEMENT OF CERTIFICATE OF REGISTRATION

I AM APPLYING FOR REINSTATEMENT AS A:	COMPLETE SECTIONS:	FEES:
<input type="checkbox"/> Pharmacist in Part A of the Register	A, B, C, D, E, F & Declaration of Good Character	Please contact Applications & Renewals to determine the fees required for your reinstatement: (416) 962-4861 ext. 3400 Registrantservices@ocpinfo.com
<input type="checkbox"/> Pharmacist in Part B of the Register	A, B, E, F & Declaration of Good Character	
<input type="checkbox"/> Pharmacy Technician	A, B, D, E, F & Declaration of Good Character	

To determine your eligibility for reinstatement, please review [Section 24](#) of the Regulations under the Pharmacy Act.

CONTACT INFORMATION

A	LAST NAME (SURNAME)			OCP NUMBER	
	FIRST NAME		MIDDLE NAME(S)	FORMER NAME(S)	
	STREET ADDRESS		CITY	PROVINCE	POSTAL CODE
	PRIMARY PHONE		SECONDARY PHONE	EMAIL	

REGISTERED JURISDICTIONS

List all jurisdictions (worldwide) in which you are presently or have been engaged in the practice of pharmacy and provide a letter of standing from each regulatory body. Letters of standing must be sent to the College directly from the regulatory body – notarized copies will not be accepted.

COUNTRY	PROVINCE/STATE	YEAR OF REGISTRATION	CURRENT STATUS

REINSTATEMENT INTO PART A OF THE REGISTER

TO BE COMPLETED BY PHARMACISTS ONLY

If eligible for reinstatement as a Pharmacist, you may be reinstated into Part A of the register if you **1)** were in Part A of the register on the date of your resignation, **2)** did not resign at a time when you had been selected for but had not successfully completed a practice review under the College's Quality Assurance Program and **3)** performed a least 600 hours of patient care in Canada or the United States during the period of three years immediately prior to your date of resignation.

NOTE: To confirm your eligibility for reinstatement into Part A of the register, the College may request additional evidence from you of having met the practice requirement of 600 hours of patient care over the 3 years immediately prior to your date of resignation.

C

DECLARATION

I hereby declare that at the time of my resignation I was in Part A of the register, had not been selected for but did not complete a practice review under the College's Quality Assurance Program, and met the practice requirement of 600 hours of patient care in Canada or the United States during the three year period immediately prior to my date of resignation.

☐ I agree

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PERSONAL PROFESSIONAL LIABILITY INSURANCE DECLARATION

D I hereby declare that I **have** personal professional liability insurance coverage and that I will continue to maintain this insurance as prescribed in Article 2 of College By-Law throughout my registration.
☐ I agree

POLICE BACKGROUND CHECK

E I have completed [my online police background check](#) which is currently valid, or have attached an original (not a copy), authenticated, and valid paper police background check from my local police station.
☐ I agree

AUTHORIZATION AND ACKNOWLEDGMENT

I hereby authorize the Ontario College of Pharmacists to exchange information with the education institutions, examination bodies or licensing authorities noted on this application for the purpose of validating the information I have provided with respect to meeting the registration requirements to obtain a certificate of registration.
☐ I agree

F I acknowledge that I cannot practice as a Pharmacist / Pharmacy Technician until I have received confirmation of my reinstatement from the Ontario College of Pharmacists.
☐ I agree

APPLICANT SIGNATURE

DATE SIGNED

Declaration of Good Character, Code of Ethics and Declaration of Commitment

Regulated health professionals are expected to practice ethically and competently to protect the public interest. Section 4(1) 2-4; and 6 of the [Registration Regulation](#) addresses requirements with respect to applicant past and present conduct, character and competence.

Each applicant must complete a declaration of good character when applying for a certificate of registration as a student, intern, pharmacist or pharmacy technician.

Guidance for Completion of the Declaration Questions

Definitions have been provided to assist you in completing the declaration questions that follow. Please hover over the bolded terms for further information and carefully read and confirm your understanding of this information before you submit the declaration. Please review the [minor offences policy](#) for additional information before answering the questions.

Answering yes to a question does not necessarily mean you will be unable to pursue registration with the College - all of the circumstances will be considered individually. If in doubt, it is safer to report a concern than to risk failing to disclose information.

Declaration of Good Character

1. Have you ever been found **guilty** of a criminal **offence** or any other offence in Canada or any other country?
☐ Yes ☐ No
2. Are you currently **charged** with a criminal **offence** or any other offence in Canada or any other country?
☐ Yes ☐ No
3. Are you currently **the subject of an investigation, review or proceeding** with **respect to the practice of pharmacy** or any other profession or occupation in Canada or any other country?
☐ Yes ☐ No
4. Have you ever had a finding of **professional misconduct, incompetence or incapacity** with **respect to the practice of pharmacy** or any other profession or occupation in Canada or any other country?
☐ Yes ☐ No
5. Do you have a medical condition that could affect your ability to safely practice pharmacy? (examples: mental or physical illness, psychiatric disorder, addiction to drugs or alcohol, or any other condition)
☐ Yes ☐ No
6. While attending a post-secondary institution or completing any of the [registration requirements](#), have you ever been **suspended, expelled** or put on probation or had any other penalty for **academic misconduct** or any other form of misconduct?
☐ Yes ☐ No



I have sufficient knowledge, skills and judgement to competently engage in the practice of pharmacy authorized by the certificate of registration, for which I am applying.

☐ I agree

I hereby declare that I will display an appropriately professional attitude, practice pharmacy with decency, honesty and integrity and in accordance with the law.

☐ I agree

I agree and understand that as of the date of completion of this application, I am responsible for providing the Registrar with the details of any new information that would change my response to any of the questions on the declaration. I understand that this requirement will continue as long as I am registered with the College.

☐ I agree

I hereby declare, as indicated by my agreement below, that the contents of this application are true and complete to the best of my knowledge and belief. I understand and agree that if I make a false or misleading statement or representation with respect to my application, I shall be deemed not to have satisfied the requirements for a Certificate of Registration. I further understand and agree that if a Certificate of Registration is issued to me based upon a false or misleading statement or representation that Certificate is subject to immediate cancellation.

☐ I agree

Code of Ethics - Declaration of Commitment

I acknowledge that I have read and understand the [Code of Ethics](#).

☐ I agree

I commit to serve and protect my patients and society

In keeping this promise:

- I will put my patients first.
- I will "do good" and benefit my patients and society.
- I will "do no harm" and, whenever possible, prevent harm from occurring.
- I will protect my patients' vulnerability and respect their rights as autonomous persons.
- I will act as a responsible and accountable fiduciary of the public trust.
- I will act with integrity and will honour the ideals, values and commitments of my profession.
- I will faithfully abide by my profession's Code of Ethics.

I make this [commitment](#) as a healthcare professional to my patients, society, my profession and to myself. ☐ I declare my commitment

.....
Name (please print)

.....
Signature

.....
Date

If you do not understand the questions or require further clarification about any of the questions you may contact registrantservices@ocpinfo.com for assistance

REGISTRANT FEES

Credit Card Authorization Form

PAYMENT AUTHORIZATION

A I, _____, _____, authorize the Ontario College
(Please print full name) (OCP Number if applicable)
of Pharmacists to charge the fee(s) selected to the credit card listed below.

☐ I am submitting payment on behalf of the following applicant/registrant:

Registrant/Applicant Name:

OCP Number:

REGISTRANT FEES

B Please refer to the Schedule of Fees on our website: <https://www.ocpinfo.com/wp-content/uploads/2019/12/schedule-of-fees.pdf>

Purpose:

Total

Amount:

CREDIT CARD INFORMATION

Card Type:

VISA

MasterCard

AMERICAN
EXPRESS

First Name on Card:

Last Name on Card:

Phone:

Email:

C

Card Number:

Expiry Date (MM/YY):

CVV/CVC:

Address:

City:

Prov/State:

Zip/Postal Code:

Signature:

Date:

IMPORTANT: For credit card verification purposes, the address information provided must match the information associated with your credit card

Checklist:

- Review the [Resigning & Reinstating](#) webpage for the process for Reinstatement of Registration.
- Provide a non-notarized copy or photo of your current identification document, refer to our [website](#) for OCP approved items.
- Applicable fees, check our website for [Schedule of Fees](#), Reinstatement Fee and Renewal Fee (*all outstanding fees or money owed to the College will also be applicable*).
- Have [Personal Professional Liability Insurance](#) (not required for pharmacists in Part B of Register)
- Police Background Checks: Online services through [Sterling Talent Solutions](#), www.MyBackCheck.com, or by mail, hard copy of police background check issued by Local Police Services with your completed application form.
- If applicable: Arrange by email, fax or mail for Letter of Standings or Licensure Verification statements listed in Section B.

If you have inquiries or to submit your application, email to registrantservices@ocpinfo.com,
or mail to the attention of Applications & Renewals at 483 Huron St, Toronto, ON M5R 2R4.
Applications may take up to 4 weeks for processing.