

# APPLICATION FOR A CERTIFICATE OF REGISTRATION AS A PHARMACIST (EMERGENCY ASSIGNMENT)

To determine your eligibility for [emergency assignment registration](#), please review [Regulation 202/94](#) under the Pharmacy Act.

| I AM SUBMITTING AN APPLICATION AS A:   | COMPLETE SECTIONS:         |
|--|----------------------------|
| <input type="checkbox"/> Recent Canadian or US Pharmacy Degree Program Graduate                  | A, B, E, F, G, H, I & J    |
| <input type="checkbox"/> International Pharmacy Graduate   | A, B, D, E, F, G, H, I & J |
| <input type="checkbox"/> Current or Former Practicing Pharmacists in Canada or the United States | A, B, C, E, F, G, H, I & J |

## CONTACT INFORMATION

|          |   |  |                 |                           |                        |
|----------|---|--|-----------------|---------------------------|------------------------|
| <b>A</b> | LAST NAME (SURNAME)   |  |                 | OCP NUMBER (IF AVAILABLE) |                        |
|          | FIRST NAME  |  | MIDDLE NAME(S)  |                           | FORMER NAME(S)         |
|          | STREET ADDRESS  |  | CITY            | PROVINCE                  | POSTAL CODE (REQUIRED) |
|          | PRIMARY PHONE   |  | SECONDARY PHONE | EMAIL                     |                        |
|          | REQUIRED IF APPLYING TO OCP FOR THE FIRST TIME - DEMOGRAPHIC AND STATISTICAL PURPOSES |  |                 |                           |                        |
|          | LANGUAGE PREFERENCE   |  | GENDER          | DATE OF BIRTH             |                        |

## EDUCATION OR PEBC QUALIFYING EXAM FIRST ATTEMPT

Complete this section if within the two years prior to the date of this application, you had:

- Graduated from a Canadian pharmacy degree program accredited by the Canadian Council for Accreditation of Pharmacy Programs, or by the Accreditation Council for Pharmacy Education, or
- Successfully completed the International Pharmacy Graduate program, or
- Successfully completed both parts of the relevant PEBC Qualifying Exam on your first attempt.

If you are practising or in the three years prior to the date of this application were practising as a pharmacist in Canada or the United States, this section is optional. Please complete section C.

| NAME OF PHARMACY SCHOOL | PROVINCE/STATE | DATE OF GRADUATION        |
|-------------------------|----------------|---------------------------|
|                         |                |                           |
|                         | COUNTRY        | DEGREE OR DIPLOMA AWARDED |
|                         |                |                           |

Other - please specify:

|          |                |                      |                      |   |
|----------|----------------|----------------------|----------------------|---|
| <b>B</b> | PEBC ID NUMBER | EVALUATING EXAM DATE | QUALIFYING EXAM DATE | DID YOU PASS EACH PART ON YOUR FIRST ATTEMPT? |
|          |                |                      |                      |   |

| NAME OF BRIDGING EDUCATION INSTITUTION | DATE OF SUCCESSFUL COMPLETION | NAME OF BRIDGING PROGRAM |
|--|-------------------------------|--------------------------|
|  |                               |                          |
|  |                               |                          |

Other - please specify:

OCP will check the graduate lists provided by your Ontario pharmacy school or the IPG Program.

If you did not graduate from an Ontario pharmacy program, you must either:

- Arrange with your pharmacy school to have your evidence of education emailed to [registrantservices@ocpinfo.com](mailto:registrantservices@ocpinfo.com), or
- Provide a notarized copy of your pharmacy degree certificate by email to [registrantservices@ocpinfo.com](mailto:registrantservices@ocpinfo.com).

YOUR NAME OR OCP #

## APPLICATION FOR A CERTIFICATE OF REGISTRATION AS A PHARMACIST (EMERGENCY ASSIGNMENT)

### CURRENT AND PAST LICENSURE

Complete this section if you are practising or in the three years prior to the date of this application were practising as a pharmacist in Canada or the United States. For currently licensed pharmacy professionals, list all jurisdictions in which you are presently registered. For previously licensed pharmacy professionals, list all jurisdictions in which you have been registered within the last three years.

If you are eligible for emergency assignment registration by having met the registration requirement in section B, you are not required to complete this section.

| COUNTRY | PROVINCE/STATE | YEAR OF INITIAL REGISTRATION | STATUS (IF INACTIVE, PROVIDE EXPIRY DATE) | LAST DATE OF PRACTICE |
|---------|----------------|------------------------------|---|-----------------------|
|         |                |                              |   |                       |
|         |                |                              |   |                       |
|         |                |                              |   |                       |
|         |                |                              |   |                       |

- \* You are required to arrange for a letter of standing or licensure verification to be sent from each licensing authority to registrantservices@ocpinfo.com, and
- \* You are required to provide a photo or copy of your pharmacy education certificate to complete your OCP file.

### LANGUAGE PROFICIENCY

Complete this section if you did not graduate from a Canadian pharmacy education program accredited by the Canadian Council for Accreditation of Pharmacy Programs, or a pharmacy degree program accredited by the Accreditation Council for Pharmacy Education.

- ☐ The language proficiency requirement in my OCP portal has been validated, or
- ☐ I have arranged for my language proficiency test report to be sent to OCP directly from by the testing institution, or
- ☐ I have arranged for NAPRA to make available my language proficiency test through the Pharmacist's Gateway portal, or
- ☐ I am providing a copy of my IELTS language test report for OCP to verify

- \* Language proficiency test scores are valid for two years from the date of the test. If your test scores have expired, you may be eligible for an extension of your scores through the [Extending the Validity of Language Proficiency Test Scores policy](#).
- \* Your application will not be processed until OCP Staff have received and verified your test scores.

### INJECTION TRAINING INFORMATION

Injection training is not a registration requirement. However, if you wish to administer injections you are required to register your injection training with the College.

If you have successfully completed an [OCP-approved injection training course](#), please complete the following:

I hereby declare that I have successfully completed an OCP-approved injection training course

☐ I agree

I am certified in [CPR and First Aid](#) (the equivalent of St. John Ambulance or Red Cross Standard First Aid & CPR/AED Level C), and will maintain valid certification for the duration of my emergency assignment registration

☐ I agree

- \* Do not submit a copy of your training certificates unless asked to do so by OCP Staff

### PERSONAL PROFESSIONAL LIABILITY INSURANCE DECLARATION

You must have [personal professional liability insurance](#) as prescribed in the College's current [By-Laws](#). If you currently have intern-level (or student-level) or non-Ontario insurance coverage, you should check with your insurance provider that your policy will cover you while you are registered and wherever you may be practising as a pharmacist (emergency assignment).

I declare that I have pharmacist level personal professional liability insurance coverage and that I will maintain this insurance throughout my registration

☐ I agree

#### To avoid processing delays

If you have applied for pharmacist level personal liability insurance and are awaiting confirmation of your insurance policy, submit this application **after** you have received confirmation by your insurance provider.

- \* Do not submit a copy of your insurance policy unless asked to do so by OCP Staff

YOUR NAME OR OCP #

## APPLICATION FOR A CERTIFICATE OF REGISTRATION AS A PHARMACIST (EMERGENCY ASSIGNMENT)

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

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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 or **academic misconduct** or any other form of misconduct? ☐ Yes ☐ No

### Glossary of Terms

**Guilty** means that a court has found that you committed an offence, even if you have been pardoned or received a conditional or absolute discharge. Even if you were not convicted, you must report any finding of guilt.

An **offence** is a breach of law that is prosecuted in a court. This includes criminal offences, as well as any other offences under federal, provincial or municipal statutes. Although you are to report any offence, even if it does not relate to the practice of pharmacy, please note the College is particularly interested in any offence, in any jurisdiction related to the use, possession or sale of drugs; any offence under the Controlled Drug and Substance Act (Canada), or any offence in Canada or any other country related to the practice of pharmacy or any other profession or occupation.

**Charged** is a formal accusation made by a governmental authority asserting that you have committed a crime.

You are currently **"the subject of any investigation, review or proceeding"** if you have been notified that there will be a hearing held in respect to allegations of professional misconduct, incompetence, incapacity, or a similar issue (different words are used by different regulators to describe the same concept).

An offence **"with respect to the practice of pharmacy"** means that it has some relevance to your practice or your suitability to practice the profession.

**Professional misconduct** is anything which is defined in the [regulations](#).

**Incompetence** refers to your suitability to practice the professional safely, effectively and ethically.

**Incapacity** as defined on our [website](#).

**Suspended** – exclusion from class and or privileges or activities for a specified period of time.

**Expelled** – terminated of your student status for an indefinite period of time.

**Academic misconduct** is any behaviour, intentional or otherwise, that gives a student unearned or unfair advantage in academic work over other students. (i.e. Cheating, plagiarism, altering, or falsifying documents or transcripts, possession of unauthorized aids, impersonation, gaining access to materials before they are intended to be available, assisting another student in committing an offence).

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CONTINUED

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

(REQUIRED)

Please initial your acknowledgment  
of completion of section G

## CODE OF ETHICS - DECLARATION OF COMMITMENT

H

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](#) a healthcare professional to my patients, society, my profession and to myself.

☐ I declare my commitment

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### POLICE BACKGROUND CHECK

☐ I have completed my online police background check (dated within the past six months) through [www.MyBackCheck.com](http://www.MyBackCheck.com)

OR

☐ I am sending by mail to OCP an original and current (dated within the past six months) police background check report from my local Canadian police station  
\* Enclose a copy of your application form with your mailed item. Your will not be processed until OCP staff have received and validated this document.

THERE ARE NO FEES ASSOCIATED WITH EMERGENCY ASSIGNMENT REGISTRATION

### AUTHORIZATION AND ACKNOWLEDGMENT

I authorize the Ontario College of Pharmacists to exchange information with the pharmacy school, education institutions, examination bodies and/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 emergency assignment certificate of registration.

☐ I agree

I acknowledge that I cannot practice as a Pharmacist (Emergency Assignment) until I have received confirmation of my registration from the Ontario College of Pharmacists.

☐ I agree

I understand that I must self-report changes to my personal information and my pharmacy work place(s) and supervising pharmacist(s).

☐ I agree

DATE SIGNED

APPLICANT SIGNATURE REQUIRED

The "signature and or initials", in any electronic format executed on this form is considered as equivalent to an original signature and shall have the same force and effect as an original or manual signature without limitation to a faxed, scanned and or electronically delivered version of an original signature in accordance to the [Personal Information Protection and Electronic Documents Act \(PIPEDA\) Part 2](#). Your signature or eSignature confirms the information and acknowledgments on this application form and your intent to complete the application form.

If you have inquiries or to submit your application, email: [registrantservices@ocpinfo.com](mailto:registrantservices@ocpinfo.com)