

APPLICATION FOR PART B PHARMACIST TO PREPARE FOR MOVE TO PART A

Registrant 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	

Supervising Part A Pharmacist(s) and Pharmacy Information

B	PART A PHARMACIST	OCP #	PHARMACY NAME	PHARMACY ADDRESS	PHARMACY ACCREDITATION NUMBER	START DATE

Supervision Under a Part A Pharmacist(s)

C	<p>I agree to only practice if a Part A pharmacist listed above is physically present on the premises. I agree to practice within my competencies and as agreed to with the supervising Part A pharmacist. I acknowledge that I am not able to supervise other registered pharmacy professionals or manage a pharmacy. Refer to Fact Sheet on Supervision.</p>	<input type="checkbox"/> I agree

Communication to Supervising Part A Pharmacist(s)

D	<p>I confirm that the Part A pharmacist(s) listed above has agreed to provide supervision of my pharmacy practice.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Personal Professional Liability Insurance Declaration

F 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](#) while engaged in patient care.

I agree

Good Character

G 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

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

.....
Name (*please print*)

.....
Signature

.....
Date

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