



Temporary registrants are required to complete this form if their temporary registration period exceeds 12 months.

### 1. TEMPORARY REGISTRANT INFORMATION

<b>CPBC Identification Number</b> Registration Number: eServices ID:		<b>Legal Last Name (Surname)</b>	
<b>Legal First Name</b>		<b>Legal Middle Name</b>	<b>Informal Name (if any)</b>
<b>I am currently registered as a:</b> <input type="checkbox"/> Temporary Pharmacist <input type="checkbox"/> Temporary Pharmacy Technician <input type="checkbox"/> Temporary Limited Pharmacist <input type="checkbox"/> Temporary Student Pharmacist			
<input type="checkbox"/> I am currently <b>not</b> registered as a Full Pharmacist or Pharmacy Technician in any jurisdiction in Canada or the United States; OR <input type="checkbox"/> I am currently registered in another jurisdiction in Canada or the United States as the equivalent of a <input type="checkbox"/> Full Pharmacist or <input type="checkbox"/> Pharmacy Technician, and I <input type="checkbox"/> am or <input type="checkbox"/> am not subject to any practice limitations, restrictions, or conditions in that jurisdiction. The name of the pharmacy regulatory authority is: _____ and my registration/licence number is: _____.			

### 2. CONTACT INFORMATION

<b>Street Address (Include Unit/Suite #)</b>		<b>City</b>	
<b>Province</b>	<b>Postal Code</b>	<b>Country</b>	
<b>Phone Number (Home)</b>	<b>Phone Number (Work)</b>	<b>Email</b>	

### 3. PROFESSIONAL LIABILITY INSURANCE

I have professional liability insurance that meets the following criteria and I understand that I must obtain and maintain it at all times while registered as a temporary registrant:

- Provides a minimum of \$2 million coverage.
- Provides occurrence based coverage or claims made with extended reporting period of at least 3 years.
- If not in the pharmacists' name, the group policy covers the pharmacist as an individual.

I do not have professional liability insurance since (approximate date): \_\_\_\_\_

### 4. STATUTORY DECLARATION (FORM 5)

I declare that the following and the facts set out herein to be true (*check the appropriate boxes*):

<input type="checkbox"/>	1.	I have not been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act, would constitute unprofessional conduct or conduct unbecoming of a person registered under these bylaws.
<input type="checkbox"/>	2.	My entitlement to practise pharmacy or any other health profession has not been limited, restricted or subject to any terms, limits or conditions or disciplinary action in any jurisdiction at any time.
<input type="checkbox"/>	3.	At the present time, no investigation, review or proceeding is taking place in any jurisdiction which could result in the suspension or cancellation of my authorization to practise pharmacy or any other health profession.
<input type="checkbox"/>	4.	My past conduct does not demonstrate any pattern of incompetence or untrustworthiness, which would make my registration contrary to the public interest.
<input type="checkbox"/>	5.	I am a person of good character.

The College collects personal information on this application form to process the application and administer the College's related activities. The collection of this information is authorized under section 26(c) of the *Freedom of Information and Protection of Privacy Act (the Act)*. The College is authorized to use this information as per section 32(a) of the Act and may also disclose information in other circumstances when authorized by the Act or other legislation. Further information regarding the collection, use and disclosure of personal information can be found in the privacy policy posted on the College website: <https://www.bcpharmacists.org/privacy>. Should you have any questions about the collection, use or disclosure of this information, please contact our Privacy Officer at: [privacy@bcpharmacists.org](mailto:privacy@bcpharmacists.org) or 778-330-0969.



<input type="checkbox"/>	6.	I am aware of and will practice at all times in compliance with the <i>Health Professions Act</i> and the <i>Pharmacy Operations and Drug Scheduling Act of British Columbia</i> , the <i>Pharmacists Regulation</i> and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
<input type="checkbox"/>	7.	<p>I shall provide the Registrar with the details of any of the following that relate to me or that occur or arise prior, during, or after my registration with the College of Pharmacists of BC:</p> <ul style="list-style-type: none"> <li>• a charge relating to an offense under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs, or relating to any criminal offense;</li> <li>• a finding of guilt in relation to an offense under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs or in relation to any criminal offense;</li> <li>• a finding of professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession;</li> <li>• a proceeding for professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession.</li> </ul>

On a separate sheet of paper, provide details if any of the above is not true (i.e. if any of the above boxes is not checked off). Details to include:

- a. Criminal offence/Disciplinary action/Investigation
- b. Date when offence was committed/Applicable health profession/Applicable jurisdiction
- c. Disposition of charge including details of penalty-imposed
- d. Extenuating circumstances you wish taken into account for your application.

## 5. RENEWAL OF DRUG ADMINISTRATION CERTIFICATION

I currently do not have the authority from the College of Pharmacists of British Columbia to administer drugs by injection and intranasal route (Go to section 6).

I currently have the authority from the College of Pharmacists of British Columbia to administer drugs by\* (select all the apply):

by injection route     by intranasal route

\*Refer to the information in your Temporary Registration Completion Confirmation Email

Select all statements that apply:

- In the preceding three years, I have administered a drug via injection, successfully completed a continuing education program in drug administration by injection specified in [Schedule C of HPA Bylaws](#) or have authorization from another pharmacy regulatory authority to administer drugs by injection route.
- In the preceding three years, I have administered a drug via intranasal route, successfully completed a continuing education program in drug administration by intranasal route specified in [Schedule C of HPA Bylaws](#) or have authorization from another pharmacy regulatory authority to administer drugs by intranasal route.
- I have maintained valid First Aid and CPR certification from a program specified in [Schedule C of HPA Bylaws](#).

## 6. OTHER INFORMATION

I attest that:

- I have reviewed my personal information (including employment information) in my College's eServices account and confirm that all information is up-to-date.
- I understand that I must comply with all applicable duties imposed under the *Pharmacy Operations and Drug Scheduling Act (PODSA)*, the *Health Professions Act*, the regulations and the bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts and any subsequent amendments.
- I declare the facts set out here in this application to be true.
- I understand that my temporary registration will be cancelled on a date determined by the College's Registration Committee or the Registrar.

Applicant Signature

Date

MMM | DD | YYYY

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**7. PAYMENT INFORMATION (Except Temporary Student Pharmacist)**

<b>Applicant Name</b>			
<i>Surname</i>		<i>First Name</i>	<i>Middle Name</i>
<b>Method of Payment*:</b> <input type="checkbox"/> Bank draft/Money order ( <i>payable to College of Pharmacists of BC</i> ) <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard			
<b>Card Number</b>	<b>Expiry Date (MM/YY)</b>	Application fee    \$ 116.00 GST    \$5.80 <b>Total</b> <b>\$ 121.80</b>	
<b>Cardholder Name</b>		GST #    R106953920	
<b>Cardholder Signature</b>			

\*Acceptable methods of payment are Visa or Mastercard credit cards (Visa or Mastercard debit cards and prepaid credit cards are not accepted)

**All fees are non-refundable.**

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