



College of Pharmacists
of British Columbia

REINSTATEMENT (Pharmacist/Pharmacy Technician)

APPLICATION CHECKLIST

To practice as a pharmacy professional in British Columbia, you must be registered as a *Full Pharmacist* or *Pharmacy Technician* by completing the College’s application process. Since you had previously registered as a Full Pharmacist or Pharmacy Technician with the College, your first step is to submit a reinstatement application and all required documents. Once you have met all the requirements based on the length of time lapsed from the date you were last registered as a Full Pharmacist or Pharmacy Technician, you can then apply for *Full Registration*.

Before applying for reinstatement, you will need to collect all required documents for your application that are applicable to you. Note that some documents require notarization by a Notary Public or lawyer (other professionals will not be accepted), so be sure to collect all documents that need notarization before presenting them to the Notary Public or lawyer. Documents in a language other than English must be translated by a certified translator.

You may submit your reinstatement application and required documents electronically via email, or by mail:

1. By Email

- All documents must be scanned in accordance with the College’s Scanning Guidelines and Checklist for Document Submissions, otherwise they may be rejected.
- Email all documents to: Registration@bcpharmacists.org

2. By Mail

- Print the application form and required documents **single-sided** and on **letter-size (8.5” x 11”)** paper; photocopy both sides of any documents/cards that are double-sided; clearly print your email address on the application, as all correspondence regarding your application will be sent via email.
- Mail your application package to the College office to: 200-1765 West 8th Avenue, Vancouver, BC V6J 5C6
- If you are using DHL to deliver materials, provide the tracking number to: info@bcpharmacists.org to facilitate the delivery process. Ensure to address your package to: **College of Pharmacists of BC, Attention: Registration Department.**

Documents received via fax will **not** be accepted as they will not meet the requirements in the College’s Scanning Guidelines. Any documents received that are not required for your application will be confidentially destroyed/shredded.

Required Documents

<input type="checkbox"/> Application Form	2
<input type="checkbox"/> Notarized Identification	2
<input type="checkbox"/> Pharmacy Examination Board of Canada (PEBC) Certificate (If Applicable)	2
<input type="checkbox"/> Statutory Declaration.....	2
<input type="checkbox"/> Work Authorization	2
<input type="checkbox"/> Letter of Standing (If Applicable).....	3
<input type="checkbox"/> Certification of Pharmacy Related Employment (If Applicable)	3
<input type="checkbox"/> Name Differences (If Applicable)	4
<input type="checkbox"/> Payment.....	4



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Application Form

Complete the appropriate application form below:

	Pharmacist	Pharmacy Technician
Less than 6 years as a non-practising and/or former Full registrant	HPA Form 11B	HPA Form 11F
6 years or more as a non-practising and/or former Full registrant	HPA Form 11C	HPA Form 11G

Notarized Identification

Notarization Required: Yes No

Document link: Included in the application form

Instructions:

- 1) Complete the Notarized Identification form (see instructions on the form).
- 2) Obtain a **notarized copy of your primary ID** presented to the Notary Public or lawyer (copy **BOTH** sides).
- 3) For electronic submission, scan both documents (#1 and #2 above) in accordance with the College's [Scanning Guidelines and Checklist for Document Submissions](#) and combine them into a **single** file. Name the file "**Notarized Identification – YOUR FULL NAME**".

Pharmacy Examination Board of Canada (PEBC) Certificate (If Applicable)

Notarization Required: Yes No

Instructions:

- 1) Submit your PEBC Certificate **only upon request by the College**.

Statutory Declaration

Notarization Required: Yes No

Document link: Included in the application form

Instructions:

- 1) If there are any statement(s) that you are unable to check off, prepare a written submission as instructed in the document.
- 2) For electronic submission, name the file "**Statutory Declaration – YOUR FULL NAME**". If your submission is written by hand, scan the document in accordance with the College's [Scanning Guidelines and Checklist for Document Submissions](#).

Work Authorization

Notarization Required: Yes No

Instructions:

- 1) If you submitted the following documents as your primary ID with the [Notarized Identification](#) form, **no** additional document is required:
 - o Canadian Birth Certificate;
 - o Canadian Citizenship Card;
 - o Permanent Resident Card;
 - o Canadian Record of Landing/Canadian Immigration Identification Record; or
 - o Canadian Passport.



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- 2) If 1) above does not apply, you need to provide a **notarized copy of your authorization to work in Canada**. Acceptable documents must be valid and include:
 - [Proof of Canadian citizenship](#) or Permanent Residency:
 - Canadian Citizenship Certificate (note: commemorative certificate is not acceptable);
 - Secure Certificate of Indian Status; or
 - Naturalization Certificate issued before January 1, 1947.
 - Work Permit (not the same as Work Visa) must not have a condition that limits working in health service field occupations
- 3) For electronic submission, scan the document (**BOTH** sides) in accordance with the College's [Scanning Guidelines and Checklist for Document Submissions](#), and name the file "**Work Authorization – YOUR FULL NAME**".

Letter of Standing (If Applicable)

Notarization Required: Yes if a notarized affidavit is required No

Instructions:

- 1) If you are or have been registered as a health professional in any jurisdiction, you are required to provide a Letter of Standing (LOS) by contacting your regulatory body(ies) and requesting that they send your LOS directly to the College by mail to: 200-1765 West 8th Avenue, Vancouver, BC V6J 5C6, or by email at: registration@bcpharmacists.org. Note that your LOS's must be dated **no earlier than 3 months from the date of your reinstatement application**.
- 2) If you were previously registered elsewhere but unable to provide the LOS, you must submit a **notarized affidavit** (see [Appendix B – Sample 2](#) for a sample). A notarized affidavit is accepted when an applicant cannot obtain a LOS (e.g. regulatory body will not issue because registration is inactive), and not because the LOS cannot be obtained in a timely manner.
- 3) For electronic submission of item 2 above, scan the document in accordance with the College's [Scanning Guidelines and Checklist for Document Submissions](#), and name the file "**LOS Notarized Affidavit – YOUR FULL NAME**".

Certification of Pharmacy Related Employment (If Applicable)

Applicable: **6 years or more as a non-practising and/or former Full registrant ONLY**

Notarization Required: Yes No but requires certification by employer

Document link: Included in the application form

Instructions:

- 1) If you have worked at least 1000 hours in direct patient-care as a registered pharmacist in Canada or the U.S. within the last 3 years before submitting your reinstatement application, complete the [Certification of Pharmacy Related Employment form](#) and have it signed by your employer.
- 2) For electronic submission of item 1 above, scan the document in accordance with the College's [Scanning Guidelines and Checklist for Document Submissions](#), and name the file "**Certificate of Pharmacy Related Employment – YOUR FULL NAME**".

Note:

- If you have not worked at least 1000 hours in direct patient-care as a registered pharmacist in Canada or the U.S., or as a registered pharmacy technician in Canada within the last 3 years preceding the pre-registration application, no document is required (i.e. leave the page blank in the application). You will be required to complete 500 hours of Structured Practical Training (SPT) in accordance with [Registration Committee Policy-6](#) (for pharmacist applicants) or [Registration Committee Policy-8](#) (for pharmacy technician applicants).



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Name Differences (If Applicable)

Notarization Required: Yes if notarized affidavit is required No

Instructions:

- 1) If your name on any of the above documents are inconsistent (i.e. different names or different spelling) due to an official name change, submit a copy of your **Certificate of Name Change** or **Certificate of Marriage**.
- 2) For all other reasons for your name inconsistency, include a notarized affidavit (see Appendix 2).
- 3) For electronic submission, scan the document in accordance with the College's [Scanning Guidelines and Checklist for Document Submissions](#), and name the file "**Name Differences – YOUR FULL NAME**".

Payment

- Registration fees can be found in the [HPA Fee Schedule](#).
- All fees are non-refundable nor transferable.
- Acceptable methods of payment are Visa card and Mastercard credit cards (Visa or Mastercard **debit cards** and **prepaid** credit cards are not accepted).

Processing Time

- Your application will be reviewed within **5 business days** upon receipt.
- Subsequent document submissions will be reviewed within **5 business days** upon receipt.
- You will be notified by email if your application package contains incorrect documents or missing information.
- The total processing time for a reinstatement application is **at least 45 days** due to processing time of your Criminal Record Check (CRC) results by the Ministry of Public Safety and Solicitor General (visit the [CRC page](#) for more information).
- You will receive a confirmation email when your reinstatement application is complete (i.e. all required documents received and approved **AND** your CRC result is received)



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Appendix B – Notarized Affidavit

A Notarized Affidavit is a written statement that is required if you are unable to provide the original document confirming facts of your application.

There are three samples of when a Notarized Affidavit may be needed:

1. [Name Differences on Legal Documents](#)
2. [Letter of Standing – Previously Registered](#)
3. [Completion of Pharmacy Technician Bridging Program](#)

Sample 1: Name Differences on Legal Documents

If your current legal name on your birth certificate is different from the name on your supporting documents (ie. degree or certificate, PEBC letter, Permanent Resident card, work permit, etc.) and you are unable to provide the original document of your *marriage certificate* or *legal change of name* document, you will be required to submit a Notarized Affidavit with the following information:

Sample:

I, *<insert current name>*, of *<insert current address>*, born on *<insert date>*, solemnly declare that I am the same individual as stated in the following documents:

- *List the names used and the type of document*
- *List the names used and the type of document*
- ...

I make this Affidavit to declare the inconsistencies with the names indicated on my documents.

I make this solemn declaration, conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Applicant’s Signature

Date

NOTARY PUBLIC/LAWYER INFORMATION:

Declared or Sworn before me at *<insert city>* in the province of *<insert province>* this *<insert date>*.

Include Notary Public/lawyer signature, address, seal and ink stamp.



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Sample 2: Letter of Standing – Previously Registered

If you have **previously been registered** in the practice of pharmacy or another health profession in a Canadian or foreign jurisdiction and cannot obtain a current letter of standing from the regulatory body, you will need to submit a Notarized Affidavit with the following information:

Sample:

I, *<insert current name>*, of *<insert current address>*, born on *<insert date>*, cannot provide a Letter of Standing from *<insert all applicable regulatory bodies>* in *<insert city/ies, province/state, country>* because *<insert the reasons why a certificate of standing cannot be provided>*.

I solemnly declare the following **(include any of the below statements that apply)**:

- I completed and graduated with *<insert type of degree>* at *<name of educational institution>* on *<insert date of education completed>*
- I have been registered/licensed as a *<insert pharmacist or pharmacy technician>* in *<insert city/ies, province/state, country>* with the *<insert regulatory body>*
- I have been licensed since *<date of registration>* and my status is currently *<insert active or inactive>* until/since *<insert expiry date>*
- I practiced / worked as a *<insert pharmacist or pharmacy technician>* in *<insert city/ies, province/state, country>* during the period of *<insert date(s)>*
- I have not been subject to any disciplinary action associated with the practice of pharmacy nor is any action pending at this time in any jurisdiction
- I have never been found guilty of any offence in any jurisdiction

I make this solemn declaration, conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Applicant's Signature

Date

NOTARY PUBLIC/LAWYER INFORMATION:

Declared or Sworn before me at *<insert city>* in the province of *<insert province>* this *<insert date>*.

Include Notary Public/lawyer signature, address, seal and ink stamp.