

1. APPLICANT/REGISTRANT INFORMATION

<input type="checkbox"/> eServices ID: <input type="checkbox"/> CPBC Registration Number:		Full Legal Name	
Phone Number (Home)	Phone Number (Work)	Email	

2. 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.
<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"> • a charge relating to an offence 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; • a finding of guilt in relation to an offence 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; • a finding of professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession; • a proceeding for professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession.

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:

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

Applicant Signature	Date (MMM-DD-YYYY)
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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.bcparmacists.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 or 778-330-0969.