

If you have been a former and/or non-practising pharmacy technician in British Columbia for less than 6 years since you were last registered as a "Pharmacy Technician", you may reinstate your registration as a Pharmacy Technician by completing this form and the Pharmacy Technician Application form. Initial each page on the bottom right corner, and then submit this form to the College's Registration Department by email at: registration@bcpharmacists.org or by fax at: 604-733-2493. Ensure all documents are scanned in accordance with the College's [Scanning Guidelines and Checklist for Document Submissions](#) prior to submission.

Note that Professional Development and Assessment Program (PDAP) Requirements must be completed prior to being reinstated. Visit the College website at: <https://www.bcpharmacists.org/professional-development-and-assessment-program-pdap> for more information.

| 1. APPLICANT INFORMATION | | |
|---|--|--|
| CPBC Registration Number | <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. | Legal Last Name (Surname) |
| Legal First Name | Legal Middle Name | Informal Name (if any) |
| Gender | Date of Birth (MMM-DD-YYYY) | Last Registration Expiry Date as a Pharmacy Technician (MMM-DD-YYYY) |
| <input type="checkbox"/> I hereby authorize the release of my PDAP status in support of this application for reinstatement. | | |

| 2. CONTACT INFORMATION | | |
|---------------------------------------|---------------------|---------|
| Street Address (Include Unit/Suite #) | | City |
| Province | Postal Code | Country |
| Phone Number (Home) | Phone Number (Work) | Email |

| 3. REGISTRATION WITH OTHER REGULATORY BODIES | | | |
|--|-------------------------|----------------------------|----------------------------------|
| Are you currently or have you ever been registered/licensed as a health professional in any jurisdiction? | | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes – complete table below (attach a separate page if more space is needed) | | | |
| Country | Name of Regulatory Body | Currently Registered (Y/N) | Last Day of Registration/Licence |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Note: You are responsible for contacting the above regulatory bodies to request that your Letter of Standing (LOS) is sent directly to the College. Your LOS's must be dated no earlier than 3 months from the date you submit this application. If the LOS previously submitted to the College has expired, you must request a new one from your other regulatory body(ies) to be sent directly to the College.

If your previously submitted notarized affidavit has expired, obtain a new one and submit it to the College. See this [document](#) for templates.

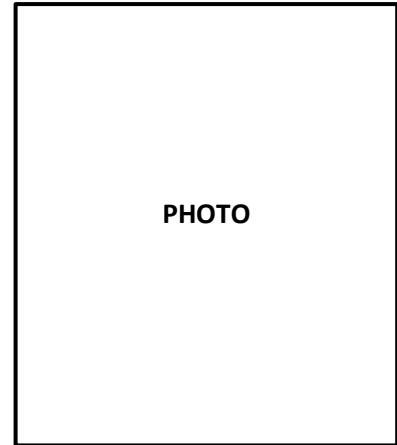
4. NOTARIZED IDENTIFICATION

Present this page with your passport photograph affixed to the space provided, along with one primary and one secondary identification (as in table below) to a Notary or lawyer for certification. Present a name change or marriage certificate if name on any document is different from legal name.

Identification documents presented to the Notary must:

- be the **original** document issued by the government agency. Photocopies are acceptable only if certified by the issuing government agency to be true copies of the original;
- be valid and not expired;
- include at least one government issued ID with your name, date of birth, signature and photo.

Submit a copy of the primary identification (both sides) with this form to the College.



Passport photograph must be taken within one year.

APPLICANT INFORMATION

| | | |
|------------------------|-------------------------|--------------------------|
| Legal Last Name | Legal First Name | Legal Middle Name |
|------------------------|-------------------------|--------------------------|

| PRIMARY IDENTIFICATION | | SECONDARY IDENTIFICATION | |
|---|--|--|---|
| <input type="checkbox"/> Canadian Birth certificate | <input type="checkbox"/> BC ID Card | <input type="checkbox"/> Valid Canadian or U.S. driver's licence | <input type="checkbox"/> Canadian Forces identification |
| <input type="checkbox"/> Canadian citizenship card | <input type="checkbox"/> Permanent Resident Card | <input type="checkbox"/> Naturalization certificate | <input type="checkbox"/> Secure Certificate of Indian Status |
| <input type="checkbox"/> BC Driver's Licence or learner's licence (must have photo) | <input type="checkbox"/> Canadian Record of Landing/Canadian Immigration Identification Record | <input type="checkbox"/> Foreign government issued birth certificate (a baptismal certificate is not acceptable) | <input type="checkbox"/> Social Insurance Card (new style without signature strip not acceptable) |
| <input type="checkbox"/> BC Services Card (must have photo) | <input type="checkbox"/> Passport | <input type="checkbox"/> BC Services Card (with or without photo) | <input type="checkbox"/> School Identification Card (Student Card) |
| | | <input type="checkbox"/> BC Care Card | <input type="checkbox"/> Canadian Firearms Licence (PAL) |
| Applicant Signature | | | Signed Date |

NOTARY PUBLIC CERTIFICATION

I certify that the person shown in the photograph affixed on this page is the same person:

- Whose name appears as the applicant;
- Whose identity has been proven to my satisfaction through presentation of the identification indicated;
- Whose signature on this document was signed in my presence.

| | | | | |
|--|-------------|----------------------------|--------------------|----------------|
| Notary Name | | Notary Phone Number | | |
| Street Address (Include Unit/Suite #) | City | Province | Postal Code | Country |
| Notary Signature | | | Signed Date | |

| | |
|-------------|---|
| Seal | Ink Stamp (optional but highly recommended as the applicant will be providing the copy electronically) |
|-------------|---|

The College of Pharmacists of BC ("College") collects, uses, discloses, stores, and retains personal information in compliance with the *Health Professions Act (HPA)*, the *Pharmacy Operations and Drug Scheduling Act (PODSA)*, and the *Freedom of Information and Protection of Privacy Act (FIPPA)*. The personal information you provide when completing and submitting this form is being collected and will be used by the College to carry out its mandate under the HPA in the public interest. The collection of this personal information is permitted under section 26(c) and (e) of FIPPA. If you have any questions or concerns about the College's privacy practices, please contact the College's Privacy Officer: privacy@bcpharmacists.org or 604.733.2440.

Initial

5. 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.

6. CRIMINAL RECORD CHECK CONSENT

Under the Health Professions Act (HPA), all registrants of the College of Pharmacists of B.C. and all pharmacists and pharmacy technicians applying for registration are required to consent to an initial and an ongoing criminal record check (CRC) at least once every 5 years.

Every applicant and registrant must provide consent for the CRC. An applicant or registrant who refuses to provide consent will not be able to register, renew or reinstate their registration. Without registration, an individual cannot practise as a pharmacist or pharmacy technician in B.C. More information can be found on the College website at: <https://www.bcpharmacists.org/criminal-record-check>.

This information listed below as well as that listed in section 1 of this application will be used to conduct a check for records of criminal charges and convictions for any relevant or specified offence(s) under the *Criminal Records Review Act (CRRRA)*, and is collected under the authority of the CRRRA and in the case of child care facilities, the *Community Care and Assisted Living Act*, and the regulations which govern both these acts. The information provided will be used to fulfill the requirements of the CRRRA for the release of criminal records information and is in compliance with the *Freedom of Information and Protection of Privacy Act (FOIPPA)*.

| | | |
|--------------------|-----------------|--|
| Birthplace Country | Birthplace City | BC Driver's Licence (DL#) or BC Identity Card (BC ID#) |
|--------------------|-----------------|--|



OTHER NAMES USED OR HAVE USED (E.G. MAIDEN NAME, BIRTH NAME, PREVIOUS MARRIED NAME, INFORMAL NAME)
You should include all* previous names, alias names or other names that has been used by you in the past. Attach a separate paper if more space is needed.

| First Name | Middle Name | Surname/Last Name |
|------------|-------------|-------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Consent for Release of Information and Acknowledgement

Review the Consent for Release of Information and Acknowledgement and provide your consent by checking the boxes below. Click the link or copy and paste the link into your browser to view the document: http://library.bcpharmacists.org/3_Registration_Licensure/5144-CRC_Consent_Release_Information_Acknowledgement.pdf. Contact the Registration Department at: Registration@bcpharmacists.org if you cannot access the document.

Please check the boxes below:

| | |
|--------------------------|--|
| <input type="checkbox"/> | I have read and understood the Consent for Release of Information and Acknowledgement above. I hereby consent to these terms as indicated by checking this box. |
| <input type="checkbox"/> | I hereby authorize the College of Pharmacists of British Columbia to conduct criminal record checks on an ongoing basis at least once every five years. I understand that I may withdraw this consent for future criminal record checks. |

7. OTHER INFORMATION

I attest that:

| | |
|--------------------------|--|
| <input type="checkbox"/> | I declare the facts set out here in this application to be true. |
|--------------------------|--|

| | |
|----------------------------|---------------------------|
| Applicant Signature | Date (MMM-DD-YYYY) |
|----------------------------|---------------------------|

The College of Pharmacists of BC ("College") collects, uses, discloses, stores, and retains personal information in compliance with the *Health Professions Act (HPA)*, the *Pharmacy Operations and Drug Scheduling Act (PODSA)*, and the *Freedom of Information and Protection of Privacy Act (FIPPA)*. The personal information you provide when completing and submitting this form is being collected and will be used by the College to carry out its mandate under the HPA in the public interest. The collection of this personal information is permitted under section 26(c) and (e) of FIPPA. If you have any questions or concerns about the College's privacy practices, please contact the College's Privacy Officer: privacy@bcpharmacists.org or 604.733.2440.

Initial



8. PAYMENT INFORMATION

| | | | |
|---|----------------------------|--|--|
| Applicant Name (Full Legal Name) | | | |
| Method of Payment*: <input type="checkbox"/> Bank Draft/Money order (<i>payable to College of Pharmacists of BC</i>) <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard | | | |
| Card Number | Expiry Date (MM-YY) | Application fee \$355.00 Criminal Record Check fee \$28.00 GST \$17.75 Total \$400.75 | |
| Cardholder Name | | GST # R106953920 | |
| Cardholder Signature | | | |

*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.

| | |
|-----------------------------------|----------------------|
| <u>For office use ONLY</u> | |
| iMIS ID: _____ | Finance stamp: _____ |
| Reg initials: _____ | |
| Date to Finance: _____ | |

The College of Pharmacists of BC ("College") collects, uses, discloses, stores, and retains personal information in compliance with the *Health Professions Act (HPA)*, the *Pharmacy Operations and Drug Scheduling Act (PODSA)*, and the *Freedom of Information and Protection of Privacy Act (FIPPA)*. The personal information you provide when completing and submitting this form is being collected and will be used by the College to carry out its mandate under the HPA in the public interest. The collection of this personal information is permitted under section 26(c) and (e) of FIPPA. If you have any questions or concerns about the College's privacy practices, please contact the College's Privacy Officer: privacy@bcpharmacists.org or 604.733.2440.

Initial