

College of Pharmacists of British Columbia



PDAP EXEMPTION APPLICATION

Exemption Request

Name: _____ eServices ID: _____

Exemption Request – Dates: ____/____/____ to ____/____/____
Day Month Year Day Month Year

- Exemption Type:
- Medical/Sickness Leave
 - Maternity/Parental Leave
 - Family Caregiver/Compassionate Care Leave

- Supporting documentation with estimated time period registrant is excluded from practice:
- Statement from a physician (on official letterhead)
 - Statement from Service Canada or insurer
 - Statement from employer

If a participant recommences practicing prior to the expiry of their exemption, they must inform the College in writing. If a registrant fails to inform the College prior to recommencing practice they will be referred to the Inquiry Committee as per HPA – Confidential Information section 26.2(3)(a).

Regular participation requirements will apply once the exemption has expired, or if prior to the expiry of the exemption, the participant recommences practicing:

- *Participants will be required to complete the CE-Plus tool by their registration renewal date in order to renew. Deferrals from PDAP may be granted for up to one year at a time.*

~ Excerpt from Quality Assurance Committee Policy 7

Applicant Declaration

- I declare that:
 - I am **not** in active practice and **not** a pharmacy manager during my renewal date, **or**
 - I was **not** in active practice and **not** a pharmacy manager for at least six months in the cycle year preceding my renewal date
- I understand that I must inform the College in writing if I return to active practice prior to the expiry of my exemption

Signature: _____

Date: ____/____/____
Day Month Year

Please allow at least 5 business days for processing.

For Office Use Only

CE Deadline Date: _____

Approved: Not Approved

Signature: _____

Date: ____/____/____
Day Month Year