

APPLICATION FOR REGISTRATION AS A PHARMACY TECHNICIAN

GRADUATES OF AN ACCREDITED PROGRAM NOT PREVIOUSLY LICENSED

Applicant Information (please print)			
Date			
Surname		Maiden Name	
First Name	Usual Name	Second Name	
Street Address (Home)	Apt. #	Email Address	
City	Province	Postal Code	Phone (home)
Business name and address			
Name of educational institution			Graduation Date
PEBC Certification Number			PEBC Date
Field of Practice (Community, Hospital, Other)			

Declaration
<p>I understand that in order to practice pharmacy as a pharmacy technician in Nova Scotia, I must read and understand the legislation and regulations governing the practice of pharmacy in Nova Scotia and I agree to comply with the provisions found therein.</p> <p>I confirm that I am aware of my professional and ethical responsibilities as set out in the <i>Pharmacy Act</i>, Regulations, Code of Ethics and Standards of Practice.</p> <p>I confirm that I have obtained professional liability insurance in accordance with the Regulations under the <i>Pharmacy Act</i> and that I am responsible for ensuring that this coverage is maintained throughout the licensing year. I acknowledge that the license issued to me is dependent upon the fulfillment of this obligation.</p> <p>I agree to notify the Nova Scotia College of Pharmacists of any changes in the "Applicant Information" section of this application form.</p> <p>All applicants must present this application form IN PERSON to the NSCP office if identity verification has not been previously confirmed when opening a file with the NSCP and completing a Notice of Intent to Register form. Supporting documentation may be provided separately.</p> <p>Applicant's Signature: _____ Date: _____</p>

PLEASE ALLOW 3 BUSINESS DAYS FOR PROCESSING

Required Documents and Fees (may have been previously submitted when a file was opened with the NSCP)	For Office Use Only
1. Proof of Identity Provide appropriate proof of identity in person to the NSCP: <input type="checkbox"/> A Birth or Canadian Citizenship certificate along with a piece of photo ID OR <input type="checkbox"/> A valid passport Birthdate: _____	
2. Statement of Disclosure Complete Statement of Disclosure (found on the NSCP website) regarding: (a) the details of any offenses referred to in Section 6 of the NSCP <i>Registration, Licensing and Professional Accountability Regulations</i> ; (b) employment termination for cause related to the practice of pharmacy; and (c) confirmation that, to the applicant's knowledge, the applicant has the capacity, professional competence and character to safely and ethically practise pharmacy.	
3. Criminal Record Check Complete an "Enhanced Police Information Check" (myBackCheck) by visiting www.sterlingtalentsolutions.ca/nspharmacists . This must be conducted within three months of the completed registration process.	
4. Professional Liability Insurance Provide proof of Professional Liability Insurance coverage as approved by the NSCP.	
5. Graduation from an Accredited Educational Program Confirmation may either be provided by educational institution or original diploma/certificate presented.	
6. NSCP Pharmacy Technician Jurisprudence Examination	
7. Structured Practice Experience Provide proof of completion of a total of 560 hours of structured practice experience.	
8. PEBC Qualifying Exam Successfully complete both Part I (MCQ) and Part II (OSPE).	
9. Fees (a) Registration Fee (Office Use: Subtract fee charged for previously opening a file) (b) Licence Fee	
10. Other Requirements As applicable and set out in the Pharmacy Act and Regulations	

Payment Options	For Office Use Only
<input type="checkbox"/> Cash (exact change required)	
<input type="checkbox"/> Cheque or Money Order (payable to: Nova Scotia College of Pharmacists)	

Office Use Only
<p>I HEREBY VERIFY that the person presenting this application is the person whose name appears as an Applicant, and whose identity has been proven to my satisfaction through presentation of identification and who signed this document in my presence this ____ day of _____ 20____.</p> <p>NSCP Witness Signature: _____ Date: _____</p> <p>Registration #: _____ Fee included: _____ Receipt #: _____</p>