

APPLICATION FOR REGISTRATION AS A PHARMACIST

PHARMACY GRADUATE 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
Business name and address			
University Name		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 pharmacist 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 upon registration as a pharmacy student. 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 upon registration as a pharmacy student with the NSCP)	For Office Use Only
1. Identity Verification* 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	
2. Statement of Disclosure Form Complete Statement of Disclosure Form (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 as 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 completion of the application for registration.	
4. Professional Liability Insurance Provide certificate of insurance as proof of Professional Liability Insurance coverage as a pharmacist, as approved by the NSCP.	
5. Graduation from Pharmacy Degree Program Provide confirmation either directly from the educational institution or by presenting original degree.	
6. NSCP Pharmacist Jurisprudence Examination Successfully complete the NSCP Pharmacist Jurisprudence Examination. The results of the Jurisprudence Exam are valid for two years from the date it is written.	
7. Unstructured Practice Experience Provide proof of completion of a total of 560 hours of unstructured practice experience, 280 of which must have been completed post-graduation as a registered Intern.	
8. PEBC Qualifying Exam Successfully complete both Part I (MCQ) and Part II (OSCE).	
9. Injection Permit If applying for an injection permit, submit a completed Drug Administration by Injection Permit Application , along with supporting documentation and fee.	
10. Fees (a) Registration Fee (b) Licence Fee (c) Injection Permit Fee (if applicable)	
11. Other Requirements As applicable and set out in the <i>Pharmacy Act</i> and Regulations	

Payment Options	For Office Use Only
<input type="checkbox"/> Debit, Visa or Mastercard (In Person) <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>