



LETTER OF STANDING

(to be completed by and received directly from the Applicant's current Pharmacy Regulatory Authority)

Name of Applicant: _____

Applicant's Address: _____

Applicant's Date of Birth: _____

Name and Address of Pharmacy Regulatory Authority providing certification of standing for Applicant: _____

Applicant's registration/license number: _____

Name of institution from which Applicant received pharmacy degree including year of graduation: _____ Date: _____

Date of initial registration/licensure with this Regulatory Authority: _____

Expiry date of registration/licensure with this Regulatory Authority: _____

If applicant was previously licensed, the applicant is eligible to resume their license as a pharmacist or pharmacy technician without conditions or restrictions, with the only remaining requirement being payment of fees. Yes No Regulator does not provide this information

Category of Registration (Pharmacist / Pharmacy Technician / Student): _____

Class of registration/license (e.g practicing direct patient care) _____

List of any complaints, discipline matters, discipline proceedings and sanctions against the applicant, including any settlements, warnings and cautions (please attach description): _____

Any terms, conditions or limitations attached to Applicant's registration/license (please attach): _____

History of any previous disciplinary/fitness to practice findings on record (please attach): _____

Applicant is currently authorized to administer drugs by injection? Yes No

Name of Person Authorized to Provide Certification

Signature

Date