

Application: Registration as an Intern
Lapsed Pharmacy Student Registration

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
University Name		Graduation Date	
Are you currently or have been previously registered to practice pharmacy elsewhere since you were last registered in NS? If so, where?			

APPLICANT DECLARATION
<p><input type="checkbox"/> I understand that, in accordance with the Registration, Licensing and Professional Accountability Regulations, section 15(1), my registration as an intern continues for a period of no longer than 24 months immediately following the date of my registration as an intern, unless revoked.</p> <p><input type="checkbox"/> I understand that I must qualify for and obtain a licence as a pharmacist within 2 years of the successful completion of all required parts of the examination to assess required professional competencies (PEBC), unless otherwise granted an extension by the NSCP Council.</p> <p><input type="checkbox"/> I understand that the results of my jurisprudence examination are valid for a period of 2 years and must be valid at the time of licensure as a pharmacist.</p> <p><input type="checkbox"/> I understand that as an Intern, I am subject to the same requirements of professional responsibility, professional ethics and professional accountability as a pharmacist.</p> <p><input type="checkbox"/> I understand that in order to practice pharmacy 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><input type="checkbox"/> 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><input type="checkbox"/> I confirm that I have obtained or will obtain professional liability insurance in accordance with the Regulations under the Pharmacy Act and that I am responsible for ensuring that this coverage is maintained for the duration of my intern registration. I acknowledge that the registration issued to me is dependent upon the fulfillment of this obligation.</p> <p><input type="checkbox"/> I agree to notify the Nova Scotia College of Pharmacists of any changes in the "Applicant Information" section of this application form.</p> <p><input type="checkbox"/> I authorize the Nova Scotia College of Pharmacists to share my registration status, including permits, publicly.</p>
<p>Applicant's Signature: _____ Date: _____</p>

AUTHORIZATION FOR DISCLOSURE OF DEMOGRAPHIC INFORMATION

All applicants are asked to provide demographic information when registering with the Nova Scotia College of Pharmacists ("NSCP"). NSCP collects information about the age, sex, educational background, nationality, gender identity, ethnicity, and sexual orientation ("Demographic Information") of applicants and registrants on its registration form.

Provision of this Demographic Information is voluntary, however, the collected Demographic Information is used for very important purposes, including evaluating and interpreting demographic data related to NSCP policy and program design and delivery. To accomplish these purposes, the Demographic Information NSCP collects may be shared with partner organizations including the provincial government, federal government, provincial accounting bodies, NSCP partnered researchers, and third-party service providers ("Recipients").

NSCP takes the utmost care to protect the privacy of applicants and registrants. Before Demographic Information is shared with Recipients, it is de-identified, meaning NSCP removes information that could identify a particular applicant or registrant. NSCP also only provides Recipients with aggregate data.

I authorize NSCP to collect my Demographic Information. I also authorize NSCP to disclose my de-identified and aggregated Demographic Information to the Recipients:

☐ Yes ☐ No

I understand and agree that the NSCP and/or the Recipients may use my Demographic Information to evaluate and interpret demographic data related to NSCP policy and program design and delivery:

☐ Yes ☐ No

Applicant signature: _____ Date: _____

REQUIRED DOCUMENTS (*may have been previously submitted upon registration as a pharmacy student with the NSCP)	For Office Use Only
1. Identity Verification* An applicant must submit: (a) A signed NSCP Identification Verification Form ; – AND – (b) A copy of an approved government-issued photo identification document which has been: - notarized by a Notary Public in Canada; – OR – - certified by a pharmacist or pharmacy technician that holds a valid license with the NSCP.	
2. Letter of Standing (if applicable) Request a Letter of Standing from all pharmacy regulatory authorities where the applicant is currently or has previously been registered.	
3. 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 Registration, Licensing and Professional Accountability Regulations; (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 practice pharmacy.	
4. 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.	
5. Professional Liability Insurance Provide certificate of insurance as proof of Professional Liability Insurance coverage as an intern, as approved by the NSCP.	
6. NSCP Pharmacist Jurisprudence Examination Successfully complete the NSCP Pharmacist Jurisprudence Exam. The results of the exam are valid for two years from the date it is written.	
7. Injection Technical Permit (if applicable) If applying for an injection technical permit, submit a completed Drug Administration by Injection Technical Permit Application , along with supporting documentation and fee.	
8. Graduation from an accredited Pharmacy Degree Program Provide confirmation either directly from the educational institution or by presenting the original degree.	
9. Fees - Please Consult the Schedule of Fees (a) Reinstatement of Registration (not currently licensed or change in status)	
PAYMENT OPTIONS	
<input type="checkbox"/> Visa, Visa Debit, Mastercard or Debit Mastercard (over the phone by calling the Registrations Office at 902-422-8528 ext. 250)	