



Application: Registration as an Intern
Graduated Registered Pharmacy Students

CONTACT INFORMATION (PLEASE PRINT)

Date			
Surname		Maiden Name	
First Name		Second Name	
Street Address (Home)		Apt. #	Email Address
City	Province	Postal Code	Phone (Home)
University Name		Graduation Date	

Are you currently a registered pharmacy student with the NSCP?

Yes

No

If yes, you may request that the NSCP consider that you have completed the requirements for registration as an intern set out below by signing the following declaration:

I have successfully met the requirements for registration as an intern as per Section 10 of the Registration, Licensing & Professional Accountability Regulations.

Applicant's Signature: _____

Date: _____

APPLICANT DECLARATION

- I understand that, in accordance with the Registration, Licensing and Professional Accountability Regulations, section 15(l), 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.
- 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 competences (PEBC), unless otherwise granted an extension by the NSCP Council.
- 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.
- I understand that as an Intern, I am subject to the same requirements of professional responsibility, professional ethics and professional accountability as a pharmacist.
- 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.
- I confirm that I am aware of my professional and ethical responsibilities as set out in the *Pharmacy Act*, Regulations, Code of Ethics and Standards of Practice.
- 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 registration as an intern. I acknowledge that the registration issued to me is dependent upon the fulfillment of this obligation.
- I agree to notify the Nova Scotia College of Pharmacists of any changes in the "Applicant Information" section of this application form.
- I authorize the Nova Scotia College of Pharmacists to share my registration status, including permits, publicly.

Applicant's Signature: _____

Date: _____

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: _____

REQUIREMENTS FOR REGISTRATION AS AN INTERN

OFFICE USE ONLY

1. Graduation from an accredited degree program in pharmacy	
2. Satisfactory language proficiency	
3. Successful completion of the Jurisprudence Exam	
4. Proof of Professional Liability Insurance – this is a copy of the applicant's certificate of insurance confirming coverage as an intern	