

APPLICANT INFORMATION (please print clearly)

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	
Country of Current Registration			
Date of Initial Registration as a Pharmacist		Country of Initial Registration	
All jurisdictions where the applicant is currently or has been previously registered or licensed:			
PEBC Certification Number (if applicable)		PEBC Date (if applicable)	

APPLICANT DECLARATION

- ☐ I understand that the registration of an intern continues for a period of no longer than 24 months immediately following the date of 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 competencies (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 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 confirm that I have obtained or will obtain and maintain professional liability insurance as required by the Pharmacy Act and associated regulations and agreements of Nova Scotia.
- ☐ I authorize the Nova Scotia College of Pharmacists to share my registration status, including permits, publicly.

Applicant signature: _____ Date: _____

STRUCTURED PRACTICE EXPERIENCE DECLARATION

- ☐ I declare that I understand that to begin the Structured Practice Experience Assessment required for licensure, I must submit a **Preceptor/Site Approval Application** identifying the preceptor for the rotation and have received written approval from the NSCP.
- ☐ I understand that any structured practice completed prior to receiving this approval will **not** be counted toward the qualification requirements in Section 7 for all applicants for registration and licensing as a pharmacist.
- ☐ I declare that I understand that once I complete the first Structured Practice Experience Assessment rotation, I must receive email confirmation from the NSCP that **the assessment and the Preceptor/Site Approval Application** for the next rotation have been received and approved prior to starting the next rotation in the program.
- ☐ I understand that any structured practice completed prior to receiving these approvals will **not** be counted toward the qualification requirements in Section 7 for all applicants for registration and licensing as a pharmacist.

Applicant 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: _____

REQUIRED DOCUMENTS AND FEES (IN ADDITION TO THIS APPLICATION) (*MAY HAVE BEEN PREVIOUSLY SUBMITTED)	FOR OFFICE USE ONLY
1. Identity Verification* An applicant must submit: <ul style="list-style-type: none"> (a) A signed NSCP Identification Verification Form – AND – (b) A copy of an approved government-issued photo identification document which has been: <ul style="list-style-type: none"> - notarized by a Notary Public in Canada; – OR – - certified by a pharmacist or pharmacy technician that holds a valid license with the NSCP. 	
2. Statement of Disclosure Complete Statement of Disclosure (found on the NSCP website) regarding: <ul style="list-style-type: none"> (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 practise pharmacy safely and ethically. 	
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 certificate of insurance as proof of Professional Liability Insurance coverage as approved by the NSCP.	
5. 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.	
6. 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.	
7. Fees (Please consult the Schedule of Fees) <ul style="list-style-type: none"> (a) Intern Registration Fee (b) Structured Practice Experience Fee (c) Injection Technical Permit Fee (if applicable) 	
8. Other Requirements As applicable and set out in the <i>Pharmacy Act</i> and Regulations	
PAYMENT OF FEES	
<input type="checkbox"/> Visa, Visa Debit, Mastercard or Debit Mastercard (over the phone by calling the Registrations Office at 902-422-8528 ext. 250)	
APPLICATION INFORMATION	
Date of completed application (DD / MM / YYYY):	
Intern registration number:	
Processed by:	