

APPLICATION FOR REGISTRATION AS A PHARMACIST

PHARMACISTS CURRENTLY LICENSED IN ANOTHER CANADIAN JURISDICTION

Applicant Information (please print)			
Date (DD/MM/YYYY):			
Surname:		Maiden Name:	
First Name:	Usual Name:	Second Name:	
Street Address (Home):	Apt. #:	Email Address:	
City:	Province:	Postal Code:	Phone:
Business name and address:			
Name of educational institution:		Graduation Date:	
Province of current registration:	Province of initial registration (if different from current):		Date of initial registration as a pharmacist:
All pharmacy regulatory authorities where the applicant has previously been registered:			
PEBC Certification Number:		PEBC Date:	
Field of Practice (Community, Hospital, Other):			
Applicant Declaration			
<p><input type="checkbox"/> 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><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 <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><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 acknowledge that the Nova Scotia College of Pharmacists will share my registration status, including permits, publicly.</p> <p>Supporting documentation may be provided separately.</p>			
CE Declaration			
<p><input type="checkbox"/> I confirm that I have fulfilled the Continuing Competence/Continuing Education/Quality Assurance requirements for licensure to practice in the province where I am currently registered for the current registration year.</p>			
Practice Declaration			
<p>I declare that I have practiced sufficient direct patient care pharmacy in the two preceding years to the full scope of a licensed pharmacist to maintain the competence to practice direct patient care pharmacy.</p> <p style="text-align: center;"> <input type="checkbox"/> I agree <input type="checkbox"/> I don't agree </p> <p>Location of Practice (Name of pharmacy/practice setting and mailing address)*: _____</p> <p>_____</p> <p><small>* Please attach a separate sheet of paper if necessary</small></p>			
Applicant Signature			
<p>Applicant 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 and Fees (*may have been previously submitted)	For Office Use Only
1. Proof of Identity* 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: <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 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 has the capacity, professional competence and character to safely and ethically practise pharmacy.	
3. Letter of Standing Request a Letter of Standing from all pharmacy regulatory authorities where the applicant is currently or has previously been registered and shall include the classification of license to practice, any conditions currently associated with the applicant's licence to practice and confirmation that there are no outstanding complaints against the applicant.	
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 completion of the application for registration.	
5. Professional Liability Insurance Provide certificate of insurance as proof of Professional Liability Insurance coverage as a pharmacist, as approved by the NSCP.	
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. Injection Permit (if applicable) If applying for an injection permit, submit a completed Drug Administration by Injection Permit Application , along with supporting documentation and fee.	
8. Fees (please consult the schedule of fees) (a) Registration Fee (b) Licence Fee (c) Injection Permit Fee (if applicable)	
9. Other Requirements As applicable and set out in the <i>Pharmacy Act</i> and Regulations	
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)	