

APPLICATION FOR REGISTRATION AS A TRANSITION DIRECT PATIENT CARE PHARMACIST PHARMACISTS FROM ELIGIBLE INTERNATIONAL JURISDICTIONS

If you were previously registered or licensed as a pharmacist in an eligible jurisdiction and believe that you are eligible to be reregistered or relicensed in that jurisdiction, before completing this application, please contact Registrations at registrations@nspharmacy.ca.

Applicant Information (please print)			
Date (MM/DD/YYYY)			
Surname		Maiden Name	
First Name	Usual Name	Second Name	
Street Address (Home)			Apt/Unit
City/Region	Province/State	Postal/Zip Code	Country
Email Address		Phone	
Employer name and address (in NS) if applicable			
Name of educational institution		Graduation Date	
Select country(s) of eligible jurisdiction(s) AND provide initial licensure date (MM/DD/YYYY) as a pharmacist:			
<input type="checkbox"/> Australia Date: _____ <input type="checkbox"/> Great Britain Date: _____ <input type="checkbox"/> New Zealand Date: _____ <input type="checkbox"/> Republic of Ireland Date: _____	<input type="checkbox"/> United States of America Date: _____ List state(s) of current licensure: _____ _____ List state(s) of previous licensure: _____ _____		
List ALL additional pharmacy regulatory authorities with which you are/have been licensed/registered (not identified above)			
_____ _____ _____			
CE Declaration			
<input type="checkbox"/> I understand that as part of qualifying to renew my licence for the following year I must comply with the continuing education requirements set out in the NSPR Bylaws.			

Practice Declaration

- I declare that I have practiced sufficient direct patient care pharmacy in the two preceding years in the jurisdiction where I am currently registered or licensed, or in Canada, to maintain the competence to practice direct patient care pharmacy.

I agree

I don't agree

Complete the following information:

Practice Type (e.g. pharmacist, clinical pharmacist, pharmacist manager): _____

Practice Setting (e.g. community, hospital, military): _____

Pharmacy Name and Full Mailing Address: _____

*** Please attach a separate sheet of paper if necessary**

Applicant Declaration

- 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.
- I confirm that I am aware of my professional and ethical responsibilities as set out in the Regulated Health Professions Act, Pharmacy Regulations, NSPR Bylaws, Code of Ethics and Standards of Practice.
- I confirm that I have obtained or will obtain professional liability insurance in accordance with the NSPR Bylaws and that I am responsible for ensuring that this coverage is maintained throughout the licensing year. I acknowledge that the licence issued to me is dependent upon the fulfillment of this obligation.
- I understand that if my professional liability insurance lapses at any point during the licence year, my licence is automatically suspended.
- I agree to notify the Nova Scotia Pharmacy Regulator immediately of any changes in the "Applicant Information" section of this application form.
- I acknowledge that the Nova Scotia Pharmacy Regulator will share my registration status, including permits, publicly.
- I understand that all regulatory decisions are made by NSPR in accordance with NS and Canadian laws and that the applicant attorns to the exclusive jurisdiction of the NS Courts to deal with any issue arising from licensing including any and all civil remedies.
- I understand that a Transition Direct Patient Care Licence will not convert to a non-transition direct patient care licence for at least 28 days and not until the Nova Scotia Pharmacy Regulator receives a report, using the report required by the Registrar, by one of the following which declares that my practice and/or conduct has not raised concern regarding my capacity to safely and ethically engage in pharmacy practice:
- The community pharmacy manager or hospital pharmacy manager of the pharmacy practice setting where I am practicing;
 - A direct patient care pharmacist or pharmacy technician who has practiced in my physical presence for a minimum of 37.5 hours; or
 - An auditor appointed by the Nova Scotia Pharmacy Regulator to carry out an audit of my practice.

Applicant Signature

Signature: _____

Date: _____

Letter of Good Standing Acknowledgement (FOR U.S. Applicants Only)

- I acknowledge that I must satisfy the letter of standing requirement through my National Association of Boards of Pharmacy (NABP) eProfile Account.
- I confirm that I will review my NABP eProfile information and that I will notify the NSPR immediately if it is incomplete or inaccurate.
- I confirm that I am not aware of any other licensure information, outstanding complaints, or disciplinary decisions that are not contained in my NABP letter of standing report.
- I acknowledge that, twice a year, the NSPR will share publicly available information with NABP about my licence status and any discipline decisions.

Signature: _____

Date: _____

Authorization for Disclosure of Demographic Information

All applicants are asked to provide demographic information when registering with the Nova Scotia Pharmacy Regulator ("NSPR"). NSPR collects information about the age, sex, educational background, nationality, gender identity, ethnicity, and sexual orientation ("Demographic Information") of applicants 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 NSPR policy and program design and delivery. To accomplish these purposes, the Demographic Information NSPR collects may be shared with partner organizations including the provincial government, federal government, provincial accounting bodies, NSPR partnered researchers, and third-party service providers ("Recipients").

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

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

Yes No

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

Yes No

Signature: _____

Date: _____

Required Documents and Fees (*may have been previously submitted)	For Office Use Only
<p>1. Proof of Identity*</p> <p>An applicant must submit two pieces of government issued identification, one of which must be an approved government issued photo identification document. An approved government issued photo identification must be valid (not expired) and can be any one of the following:</p> <ul style="list-style-type: none"> • federally issued passport • driver's licence issued by a Canadian jurisdiction • identification card issued by a Canadian jurisdiction • Certificate of Indian Status • Canadian Citizenship Certificate/Card • Canadian Permanent Resident Card 	
<p>2. Statement of Disclosure Form</p> <p>Complete Statement of Disclosure Form (found on the NSPR website) regarding:</p> <ol style="list-style-type: none"> (a) the details of any offenses referred to in the <i>Statement Of Disclosure Reporting Offences</i> section of the NSPR Bylaws; (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 practice pharmacy. 	
<p>3. Letter of Standing</p> <p>Request a Letter of Standing (found on the NSPR website) from all pharmacy regulatory authorities where the applicant is currently or has previously been registered or licensed and shall include the classification of registration or licence to practice, any conditions currently associated with the applicant's registration or licence to practice and confirmation that there are no outstanding complaints against the applicant.</p> <p>FOR U.S. APPLICANTS ONLY: Letters of Standing must be requested through your NABP eProfile Account</p>	
<p>4. Criminal Record Check</p> <p>Complete a criminal record screening for all countries in which you have lived for more than three months since reaching the age of majority (age 19 years) or in the last 10 years, whichever is shorter. This must be conducted within the three months before completion of the application for registration. Complete a criminal record check through CSI Screening by visiting www.csiscreening.com</p>	
<p>5. Professional Liability Insurance</p> <p>Provide certificate of insurance as proof of Professional Liability Insurance coverage as a pharmacist, as approved by the NSPR.</p>	
<p>6. NSPR Pharmacist Jurisprudence Examination</p> <p>Successfully complete the NSPR Pharmacist Jurisprudence Examination. The results of the Jurisprudence Exam are valid for two years from the date it is written.</p>	
<p>7. Injection Permit (if applicable)</p> <p>If applying for an injection permit, submit a completed Drug Administration by Injection Permit Application (found on the NSPR website), along with supporting documentation and fee.</p>	
<p>8. Fees (please consult the schedule of fees)</p> <ol style="list-style-type: none"> (a) Registration Fee (b) Licence Fee (c) Injection Permit Fee (if applicable) 	
<p>9. Other Requirements</p> <p>As applicable and set out in the Regulated Health Professions Act, Pharmacy Regulations and NSPR Bylaws.</p>	
Payment Options	
<p><input type="checkbox"/> Visa, Visa Debit, Mastercard or Debit Mastercard (payment link will be sent via email once application is submitted).</p>	