

FINAL APPLICATION FOR REGISTRATION AS A PHARMACIST

FOR INTERNATIONAL APPLICANTS WHO ARE REGISTERED INTERNS AND HAVE COMPLETED THE STRUCTURED PRACTICE
EXPERIENCE PROGRAM

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:			
PEBC Registration Number:		PEBC Date:	
Field of Practice (Community, Hospital, Other):			

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 *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 throughout the licensing year, as long as I hold an active practicing license, regardless of employment status or the province of my current practice. I acknowledge that the license 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 acknowledge that the Nova Scotia College of Pharmacists will share my registration status, including permits, publicly.

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		For Office Use Only
1. Professional Liability Insurance Provide certificate of insurance as proof of Professional Liability Insurance coverage as a pharmacist, as approved by the NSCP.		
2. Statement of Disclosure Form Complete Statement of Disclosure Form (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 safely and ethically practise pharmacy. 		
3. Structured Practice Experience Provide proof of successful completion of the Structured Practice Experience Program.		
4. One-Week Competency-Based Assessment Successfully complete the Competency-Based Assessment		
5. Unstructured Practice Experience (if applicable) Successfully complete a total of 560 hours of unstructured practice experience.		
6. PEBC Qualifying Exam Successfully complete both Part I (MCQ) and Part II (OSCE).		
7. Injection Permit (if applicable) If applying for an injection permit, submit a completed Drug Administration by Injection Permit Application , along with supporting documents and fee.		
8. Fees - Please consult the Schedule of Fees <ul style="list-style-type: none"> (a) Registration Fee (b) Licence Fee (c) Competency-Based Assessment Fee (d) Injection Permit Fee (if applicable) 		
9. Other Requirements As applicable and set out in the <i>Pharmacy Act</i> and Regulations		

PAYMENT OPTIONS	For Office Use Only
<input type="checkbox"/> Visa, Visa Debit, Mastercard or Debit Mastercard (over the phone by calling the Registrations Office at 902-422-8528 ext. 250)	