

Application: Pharmacy Technician Candidate Registration

(currently enrolled in a pharmacy technician program)

APPLICANT INFORMATION (please print clearly)

Date of application (DD / MM / YYYY):

First name:

Usual / preferred first name:

Last name:

Maiden name (if applicable):

Mailing address:

Suite/Apt:

City/Town:

Province:

Postal Code:

Email:

Home phone (if applicable):

Mobile phone:

College name:

Year of enrolment in Pharmacy Technician program:

Expected year of graduation from pharmacy technician program:

Student ID number:

Employer name and address:

I am currently registered or have been previously registered with a pharmacy regulatory authority in another province:

☐ No

☐ Yes (see requirement 5 below)

If YES, please list ALL pharmacy regulatory authorities: _____

APPLICANT DECLARATION:

- ☐ I have read and understand the legislation and regulations governing the practice of pharmacy in Nova Scotia and agree to comply with the provisions found therein.
- ☐ 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.
- ☐ 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.

Applicant signature: _____

Date: _____ day of _____, 20_____

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: _____

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REQUIRED DOCUMENTS (IN ADDITION TO THIS APPLICATION)	FOR OFFICE USE ONLY
1. Statement of Disclosure - This form must be accurately and thoroughly completed.	
2. Criminal record check - This is an online process that must be completed through the NSCP's Sterling Backcheck's. The applicant's criminal record check must be conducted within three months preceding their completed registration application, and they must select to share their results with "Nova Scotia College of Pharmacists - Halifax" so the NSCP can access them directly.	
3. Proof of professional liability insurance - This is copy of the applicant's certificate of insurance.	
4. Proof of enrolment in an accredited Pharmacy Technician Program - This is a copy of the applicant's Confirmation of Enrolment from their student account for current term, or a document issued from their College.	
5. Letter of standing (if applicable) - This is only required if the applicant is currently registered with a pharmacy regulatory authority in another province; if so, the applicant must request that the authority complete a letter using the NSCP's letter of standing template and email it directly to the NSCP.	
6. Proof of identity - 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. 	
7. 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.	
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 - FOR OFFICE USE ONLY	
Date of completed application (DD / MM / YYYY):	Pharmacy Technician Candidate registration number:
Processed by:	