Nova Scotia College of Pharmacists

APPLICATION FOR REGISTRATION AS A PHARMACY TECHNICIAN CANDIDATE

INTERNATIONAL PHARMACY GRADUATES/APPLICANTS

APPLICANT INFORMATION (PLEASE PRINT)

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 Pharmacy Technician			Country of Initial Registration

DECLARATION

I understand that the registration of a pharmacy technician candidate continues for a period of no longer than 24 months immediately following the date of registration as a pharmacy technician candidate, unless revoked.

I understand that as a pharmacy technician candidate, I am subject to the same requirements of professional responsibility, professional ethics and professional accountability as a pharmacy technician.

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 a pharmacy technician candidate. 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 authorize the Nova Scotia College of Pharmacists to share my registration status, including permits, publicly.

Applicant's Signature:_____ **Date:** _____

AUTHORIZATION FOR DISCLOSURE OF DEMOGRAPHIC INFORMATION

All registrants 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 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 registrants. Before Demographic Information is shared with Recipients, it is de-identified, meaning NSCP removes information that could identify a particular 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. Identity Verification 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: - 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: (a) the details of any offenses referred to in Section 6 of the NSCP *Registration, Licensing and Professional Accountability Regulations*; (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. 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. PEBC Evaluating Exam Date: _____ Proof of successful completion can be provided directly from PEBC or applicant may present PEBC letter of confirmation to the NSCP.	
5. PEBC Qualifying Exam (if completed) Part I (MCQ) Date: _____ Part II (OSPE) Date: _____ Proof of successful completion can be provided directly from PEBC or the PEBC certificate can be presented to the NSCP.	
6. Professional Liability Insurance Provide certificate of insurance as proof of Professional Liability Insurance coverage as approved by the NSCP.	
7. NSCP Pharmacy Technician Jurisprudence Examination Successfully complete the NSCP Pharmacy Technician Jurisprudence Exam. The results of the exam are valid for two years from the date it is written.	
8. Fees (Please consult the Schedule of Fees) Pay the Pharmacy Technician Candidate Registration Fee	
9. Other Requirements As applicable and set out in the *Pharmacy Act* and Regulations	

Payment Options	For Office Use Only
☐ Visa, Visa Debit, Mastercard or Debit Mastercard (over the phone by calling the Registrations Office at 902-422-8528 ext. 250)	