

APPLICATION FOR REGISTRATION AS A PHARMACY TECHNICIAN

INTERNATIONAL GRADUATE LICENSED OUTSIDE CANADA

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:
Employer name and address:			
Name of educational institution attended:			Graduation Date:
Degree or diploma obtained:		Date of initial registration as a Pharmacy Technician or Pharmacist:	
Province/Country of current registration:		Province/Country of initial registration (if different from current):	
PEBC Certification Number:		PEBC Date:	
Field of Practice (Community, Hospital, Other):			

DECLARATION
<input type="checkbox"/> I understand that in order to practice pharmacy as a pharmacy technician 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.
<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.
<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.
<input type="checkbox"/> I acknowledge that the Nova Scotia College of Pharmacists will share my registration status, including permits, publicly.
<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.
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 (*MAY HAVE BEEN PREVIOUSLY SUBMITTED TO THE NSCP)	For Office Use Only
1. Letter of Standing* A Letter of Standing is to be provided from all pharmacy regulatory authorities where 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.	
2. 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. 	
3. Statement of Disclosure Complete the Statement of Disclosure (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 has the capacity, professional competence and character to safely and ethically practise pharmacy. 	

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 the completed registration process.	
5. Professional Liability Insurance Provide proof of Professional Liability Insurance coverage as a pharmacy technician, as approved by the NSCP.	
6. English Language Proficiency Assessment Refer to NSCP Policy on English Language Proficiency Requirements for Pharmacy Technicians.	
7. NSCP Pharmacy Technician Jurisprudence Examination Successfully complete the NSCP Pharmacy Technician Jurisprudence Examination. The results of the Jurisprudence Exam are valid for two years from the date it is written.	
8. Structured Practice Experience Program Provide proof of completion of a total of 560 hours of structured practice experience.	
9. Pharmacy Technician Pharmacy Practice Assessment Successfully complete the Pharmacy Technician Practice Pharmacy Assessment.	
10. PEBC Qualifying Examination Successfully complete both Part I (MCQ) and Part II (OSPE).	
11. 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.	
12. Fees (please consult the schedule of fees) (a) Registration Fee (b) Licence Fee (c) Injection Technical Permit Fee (if applicable)	
13. Other Requirements As applicable and set out in the Pharmacy Act and Regulations	

PAYMENT OPTIONS	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)	