

REGISTRATION OPERATIONAL POLICY

Proof of Identity and Identity Verification

Introduction

As set out in s. 4(1)(c) of the *Registration, Licensing and Professional Accountability Regulations*, an applicant seeking registration with the Nova Scotia College of Pharmacists (NSCP) must provide acceptable proof of identity. Identity verification is necessary to prove that the applicant is who they claim to be and that they are not carrying out the registration process on behalf of someone else.

Purpose

This policy sets out the requirements for acceptable proof of identity documentation, as well as the process for submitting identity documentation when registering or licensing with the NSCP.

Policy

- 1.0 An applicant must submit a signed *NSCP Identification Verification Form* **and** a copy of an approved government-issued photo identification document (s. 2.0) **notarized by a Notary Public in Canada OR certified by pharmacist or pharmacy technician that holds a valid licence with the NSCP.**
- 2.0 An approved government-issued photo identification document must be **valid** (not expired) and be *any one of the following*:
 - driver's license issued by a Canadian jurisdiction
 - identification card issued by a Canadian jurisdiction
 - Certificate of Indian Status
 - Canadian Citizenship Certificate/Card
 - Canadian Permanent Resident Card
 - federally issued passport.
- 3.0 An applicant must provide proof of name change (e.g., marriage certificate) if the name on the government-issued photo identification document is different from the one on their application.
- 4.0 Government-issued photo identification documents in a language other than English must be accompanied by an original, certified translation from a certified translator.



5.0 To be accepted by the NSCP, identity verification documents must be:

- 5.1. clear, legible and scanned in **colour** (Note: black and white copies of identity documents will not be accepted);
- 5.2. combined into a **single PDF file** (.pdf) for submission to the NSCP; **and**
- 5.3. submitted to the NSCP by **email or fax**:
 - Email: registrations@nspharmacists.ca
 - Fax: 902-701-3540

6.0 Providing false information or creating a false identity constitutes fraud, and the applicant may be denied registration and may be barred from any future attempts to register with the NSCP.

7.0 In exceptional cases, the NSCP may make accommodations for acceptable identity documentation (see *Appendix B - Procedure to Request Acceptance of Alternative Identity Documents* in the [Registration Operational Policy: Accepting Alternatives to Required Documentation](#)).

Approved: July 2023



NSCP Identification Verification Form

Instructions for Notary Public/Certifying Pharmacist or Pharmacy Technician

1. Examine the original, acceptable identity document and confirm that the person meeting with you is the person named in the identity document provided. The identity document must be **valid** (not expired) and be any one of the following:
 - driver's license issued by a Canadian jurisdiction
 - identification card issued by a Canadian jurisdiction
 - Certificate of Indian Status
 - Canadian Citizenship Certificate/Card
 - Canadian Permanent Resident Card
 - federally issued passport
2. All copies of the identity document(s) must be **in colour** (black and white not accepted).
3. Identity documents notarized by Notary Public should bear the notary's signature and stamp/seal (on both sides where applicable).
4. Identity documents certified by a NSCP licensed pharmacist or pharmacy technician should bear the signature of the pharmacist or pharmacy technician (on both sides where applicable).
5. An applicant must provide proof of name change (e.g., marriage certificate) if the name on the government-issued photo identification document is different from the one on their application.
6. Identity documents in a language other than English must be accompanied by an original, certified translation from a certified translator.

NOTARY PUBLIC/CERTIFYING PHARMACIST OR PHARMACY TECHNICIAN DECLARATION

I, (Name) _____, hereby attest that I am an authorized (Notary/NSCP licensed Pharmacist/Pharmacy Technician) and I have verified the identity document(s) for (Full Name of Applicant) _____.

Signature: _____ Date: _____

Full Mailing Address: _____

Day Time Telephone Number: _____ Email: _____

Affix Notary Seal and/or Stamp
(if applicable)