



Nova Scotia  
College of  
Pharmacists

## Request for Acceptance of Alternative Documentation/Verification Form

The NSCP will consider alternative documentation for the requirements listed below. Please complete the form and return to the NSCP Registrations Team at [registrations@nspharmacists.ca](mailto:registrations@nspharmacists.ca).

Please select which of the following documentation and/or verification process you are seeking an alternative for: (check all that apply)	Please indicate: 1. the reason why documentation/verification is not available; 2. efforts made to obtain the documentation/verification; and 3. a description of the proposed alternative documentation and/or verification process.
<input type="checkbox"/> Letter of standing from another pharmacy regulatory authority	
<input type="checkbox"/> Proof of identity document	
<input type="checkbox"/> Identify verification	
<input type="checkbox"/> Proof of required qualifications	

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_