



PRINCE EDWARD ISLAND
COLLEGE OF PHARMACY

Member organization of National Association of Pharmacy Regulatory Authorities (NAPRA)

Pharmacist Special Registration-Application

Applicant Information

Name _____ Gender _____ Date of birth _____

Home street address _____ Province _____

City _____ Postal code _____ Country _____ Citizenship _____

Phone (home) _____ E-mail _____

Business name _____

Business street address _____ Province _____

City _____ Postal code _____ Country _____

Phone (business) _____ Fax _____ E-mail _____

Mailing preference? Home Business

University of Graduation: _____ /Year: _____ PEBC Registration Number _____

Jurisdiction(s) where registration(s) are held: Registration #:

Registration Fee

\$ 300.00 **Registration Fee**



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Required Documentation

For office use

Proof of professional liability insurance coverage in accordance with section 14 of the Pharmacist and Pharmacy Technician Registration	
Criminal record check (within 3 months preceding application)	
Copy of birth or Canadian Citizenship certificate or copy of passport	
Proof of current First Aid and CPR	
Letter of standing from all professional regulatory bodies the applicant is or was previously authorized to practice pharmacy	

Please note: The PEI College of Pharmacy requires original documents to be presented or notarized copies. The applicant may present in person to the PEI College of Pharmacy office with original documents to be copied by the College staff.

I understand that in order to practice pharmacy in Prince Edward Island I must read and understand the legislation and regulations governing the practice of pharmacy in Prince Edward Island 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 Regulated Health Professions Act, Regulations, PEI Pharmacy Act, Code of Ethics, Standards of Practice and Practice Directives.

I acknowledge that the license issued to me is dependent upon the fulfillment of this obligation. I understand that the PEI College of Pharmacy will disclose, in compliance with the Regulated Health Professions Act and in accordance with a data sharing agreement, registration information in a de-identified format to the Canadian Institute of Health Information (CIHI) for the purposes of the maintenance of a national pharmacist database primarily for use in workforce planning.

I understand that a special registration is valid for a period of 45 days and that I am not authorized to practice as a pharmacist in PEI after the special registration expires.

I agree to notify the PEI College of Pharmacists of any changes in the "Applicant Information" section of this application form.

Signature

Signature of applicant _____ Date _____



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For Office Use Only:

PEICP Signature _____

Date received _____

Fee included _____

Registration number

Receipt number