



Letter of Standing

To be completed by the applicant's current pharmacy regulatory authority

Applicant Demographic Information:

Last Name	First Name & Middle Initial	Date of Birth (DD/MM/YYYY)
Street Address (or P.O. Box)		
City/Town & Province	Postal Code	Country

Pharmacy Regulatory Authority Information:

Name		
Street Address (or P.O. Box)		
City/Town & Province	Postal Code	Country

Applicant Registration Information:

Date of Initial Registration with Regulatory Authority	Expiry date of Current Registration with Regulatory Authority	Current Category/Class of Registration
Applicant's Registration #	Applicant's PEBC # (if applicable)	

Is the applicant currently authorized to perform/participate in any expanded scopes of practice? Yes No

If yes, please describe: _____

Has the applicant met any and all requirements for professional development? Yes No

If no, please provide details: _____

Are there currently any terms, conditions or limitations attached to the applicant's registration? Yes No

If yes, please describe: _____

Is there a history of any previous disciplinary finding on record? Yes No

If yes, please describe: _____

Is the applicant currently the subject of any outstanding complaints or disciplinary proceedings? Yes No

If yes, please describe: _____

Certification:	I certify the above information to be complete and correct.	
_____	_____	_____
Name of Authorized Person	Signature of Authorized Person	Date Signed