



Qualified individuals may apply for temporary registration in the event of a public safety or health situation declared by the Registrar or College Board, or at the request of the Federal Minister of Health or the Provincial Health Officer. To apply for Temporary Registration, complete this form and initial on each page on the bottom right corner, then submit it to the College's Registration Department by email at: [registration@bcpharmacists.org](mailto:registration@bcpharmacists.org) or by fax at: 604-733-2493.

### 1. APPLICATION TYPE

I am applying to be a:

- Temporary Pharmacist     Temporary Pharmacy Technician     Temporary Limited Pharmacist     Temporary Student Pharmacist

I declare that (select all that apply):

- I am currently registered in another jurisdiction in Canada or the United States as the equivalent of a  Full Pharmacist or  Pharmacy Technician and is not subject to any practice limitations, restrictions, or conditions in that jurisdiction. The name of the pharmacy regulatory authority is: \_\_\_\_\_ and my registration/licence number is: \_\_\_\_\_.
- I was registered as a Full Pharmacist or Pharmacy Technician with the College of Pharmacists of British Columbia and my registration number was: \_\_\_\_\_.
- I was pre-registered with the College of Pharmacists of British Columbia and my eServices ID was: \_\_\_\_\_.

### 2. APPLICANT INFORMATION

Legal Last Name (Surname)		Legal First Name	
Legal Middle Name	Informal Name (if any)		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary
Date of Birth MMM   DD   YYYY	Birth Place City/town    Province    Country		BC Driver's Licence Number (if any)

### 3. CONTACT INFORMATION

Street Address (Include Unit/Suite #)		City	
Province	Postal Code	Country	
Phone Number (Home)	Phone Number (Work)	Email	

### 3. PHARMACY EDUCATION INFORMATION

University	Country
Degree	Graduation Year

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#### 4. TRANSFERRING/REINSTATING DRUG ADMINISTRATION CERTIFICATION (PHARMACIST ONLY)

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	I currently have valid First Aid and CPR certification from a program specified in <a href="#">Schedule C of HPA Bylaws</a> .
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<b>If you are currently registered in another jurisdiction in Canada or the United States:</b> I am currently authorized by my pharmacy regulatory authority to administer drugs by <u>injection</u> route.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<b>If you are currently registered in another jurisdiction in Canada or the United States:</b> I am currently authorized by my pharmacy regulatory authority to administer drugs by <u>intranasal</u> route.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<b>If you were previously registered with the College of Pharmacists of British Columbia:</b> In the preceding three years, I have administered a drug via <u>injection</u> or successfully completed a continuing education program in drug administration specified in Schedule C of HPA Bylaws.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<b>If you were previously registered with the College of Pharmacists of British Columbia:</b> In the preceding three years, I have administered a drug via <u>intranasal</u> route or successfully completed a continuing education program in drug administration by intranasal route specified in Schedule C of HPA Bylaws.

#### 5. STATUTORY DECLARATION (FORM 5)

I declare that the following and the facts set out herein to be true (*check the appropriate boxes*):

<input type="checkbox"/>	1.	I have not been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the Health Professions Act and the Pharmacy Operations and Drug Scheduling Act, would constitute unprofessional conduct or conduct unbecoming of a person registered under these bylaws.
<input type="checkbox"/>	2.	My entitlement to practise pharmacy or any other health profession has not been limited, restricted or subject to any terms, limits or conditions or disciplinary action in any jurisdiction at any time.
<input type="checkbox"/>	3.	At the present time, no investigation, review or proceeding is taking place in any jurisdiction which could result in the suspension or cancellation of my authorization to practise pharmacy or any other health profession.
<input type="checkbox"/>	4.	My past conduct does not demonstrate any pattern of incompetence or untrustworthiness, which would make my registration contrary to the public interest.
<input type="checkbox"/>	5.	I am a person of good character.
<input type="checkbox"/>	6.	I am aware of and will practice at all times in compliance with the <i>Health Professions Act</i> and the <i>Pharmacy Operations and Drug Scheduling Act of British Columbia</i> , the <i>Pharmacists Regulation</i> and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
<input type="checkbox"/>	7.	I shall provide the Registrar with the details of any of the following that relate to me or that occur or arise prior, during, or after my registration with the College of Pharmacists of BC: <ul style="list-style-type: none"> <li>• a charge relating to an offence under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs, or relating to any criminal offense;</li> <li>• a finding of guilt in relation to an offence under any Act, in any jurisdiction, regulating the practice of pharmacy or any other health profession relating to the sale of drugs or in relation to any criminal offense;</li> <li>• a finding of professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession;</li> <li>• a proceeding for professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession.</li> </ul>

On a separate sheet of paper, provide details if any of the above is not true (i.e. if any of the above boxes is not checked off). Details to include:

- a. Criminal offence/Disciplinary action/Investigation
- b. Date when offence was committed/Applicable health profession/Applicable jurisdiction
- c. Disposition of charge including details of penalty-imposed
- d. Extenuating circumstances you wish taken into account for your application.

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Initial



**6. CRIMINAL RECORD CHECK CONSENT**

Under the Health Professions Act (HPA), all registrants of the College of Pharmacists of B.C. and all pharmacists and pharmacy technicians applying for registration are required to consent to an initial and an ongoing criminal record check (CRC) at least once every 5 years.

Every applicant and registrant must provide consent for the CRC. An applicant or registrant who refuses to provide consent will not be able to register, renew or reinstate their registration. Without registration, an individual cannot practise as a pharmacist or pharmacy technician in B.C. More information can be found on the College website at: <https://www.bcpharmacists.org/criminal-record-check>.

This information listed below as well as that listed in section 1 of this application will be used to conduct a check for records of criminal charges and convictions for any relevant or specified offence(s) under the *Criminal Records Review Act (CRRA)*, and is collected under the authority of the CRRA and in the case of child care facilities, the *Community Care and Assisted Living Act*, and the regulations which govern both these acts. The information provided will be used to fulfill the requirements of the CRRA for the release of criminal records information and is in compliance with the *Freedom of Information and Protection of Privacy Act (FOIPPA)*.

<b>Birthplace Country</b>	<b>Birthplace City</b>	<b>BC Driver's Licence (DL#) or BC Identity Card (BC ID#)</b>
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**OTHER NAMES USED OR HAVE USED (E.G. MAIDEN NAME, BIRTH NAME, PREVIOUS MARRIED NAME, INFORMAL NAME)**

You should include all\* previous names, alias names or other names that has been used by you in the past. Attach a separate paper if more space is needed.

First Name	Middle Name	Surname/Last Name

**Consent for Release of Information and Acknowledgement**

Review the Consent for Release of Information and Acknowledgement and provide your consent by checking the boxes below. Click the link or copy and paste the link into your browser to view the document: [http://library.bcpharmacists.org/3\\_Registration\\_Licensure/5144-CRC\\_Consent\\_Release\\_Information\\_Acknowledgement.pdf](http://library.bcpharmacists.org/3_Registration_Licensure/5144-CRC_Consent_Release_Information_Acknowledgement.pdf). Contact the Registration Department at: [Registration@bcpharmacists.org](mailto:Registration@bcpharmacists.org) if you cannot access the document.

Please check the boxes below:

<input type="checkbox"/>	I have read and understood the Consent for Release of Information and Acknowledgement above. I hereby consent to these terms as indicated by checking this box.
<input type="checkbox"/>	I hereby authorize the College of Pharmacists of British Columbia to conduct criminal record checks on an ongoing basis at least once every five years. I understand that I may withdraw this consent for future criminal record checks.

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## 7. CONFIDENTIALITY UNDERTAKING

Under the HPA bylaws, a registrant is obligated to protect personal information under their custody. Complete the confidentiality undertaking below. I agree to access the **PharmaNet** clinical and patient database through the in-pharmacy computer system, on the following terms and conditions:

<input type="checkbox"/>	I will not access or use any clinical or patient information in the PharmaNet database or the in-pharmacy computer system for any purpose other than those authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.
<input type="checkbox"/>	I agree at all times to treat as confidential all information referred to in paragraph (1) and will not participate in or permit, the unauthorized release, publication or disclosure of the said information to any person, corporation or other entity under any circumstances except as authorized by the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act and the Bylaws of the College of Pharmacists of BC made pursuant to these Acts.
<input type="checkbox"/>	I agree at all times, to treat as confidential all information relating to the security and management of the PharmaNet database and the in-pharmacy computer system.
<input type="checkbox"/>	I agree to be bound by the provisions of this agreement and will continue to do so following termination of employment in the pharmacy for any reason.
<input type="checkbox"/>	I agree to adhere to all policies and procedures issued by the pharmacy manager and/or the pharmacy owner, consistent with legislation, policies, procedures and standards issued by the College of Pharmacists of British Columbia or the Province of British Columbia, related to the confidentiality, privacy and security of the patient or clinical information contained in the PharmaNet database and the in-pharmacy computer database.

## 8. OTHER INFORMATION

I attest that:

<input type="checkbox"/>	If requested, I must provide the College of Pharmacists of British Columbia (CPBC) with a Letter of Standing from the jurisdiction where I am registered as the equivalent of a Full Pharmacist or Pharmacy Technician.
<input type="checkbox"/>	I must submit two pieces of government-issued identification, of which at least one must have a photograph taken in adulthood, with the application package if I have never been pre-registered/registered with CPBC.
<input type="checkbox"/>	I have professional liability insurance coverage with a limit of liability not less than \$2 million insuring against liability arising from an error, omission or negligent act of myself. I must maintain the insurance coverage until my temporary registration is ended. I understand that if the liability insurance is under a group policy, it must cover me as an individual.
<input type="checkbox"/>	I understand that temporary registration is granted for the period of a public health emergency, and it will be cancelled on a date determined by the College's Registration Committee or the Registrar.

<b>Applicant Name (Print)</b>	<b>Applicant Signature</b>	<b>Date (MMM-DD-YYYY)</b>
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9. PAYMENT INFORMATION		
<b>Applicant Name</b>		
<i>Surname</i>	<i>First Name</i>	<i>Middle Name</i>
<b>Method of Payment*:</b> <input type="checkbox"/> Bank draft/Money order ( <i>payable to College of Pharmacists of BC</i> ) <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard		
<b>Card Number</b>	<b>Expiry Date (MM/YY)</b>	For the Temporary Registration fee, refer to <a href="#">Schedule D – Fee Schedule</a> according to your relevant Temporary Registration type. This fee is subject to GST (5%). A criminal record check fee is required, where applicable.
<b>Cardholder Name</b>		
<b>Cardholder Signature</b>		
		GST # R106953920

\*Acceptable methods of payment are Visa or Mastercard credit cards (Visa or Mastercard debit cards and prepaid credit cards are not accepted)

**All fees are non-refundable.**

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