



New Brunswick College of Pharmacists
Ordre des pharmaciens du Nouveau-Brunswick

Application for Registration as a Pharmacist

This application package is for applicants who have not previously registered as a pharmacist in any Canadian province and:

- ✓ whose pharmacy education was obtained outside Canada and the United States, or
- ✓ who are already licensed as a pharmacist outside Canada.

The process of obtaining a license in Canada begins with enrolment in the Gateway.

(<http://www.pharmacistsgatewaycanada.ca/>)



Proceed with this document only if (please check one):

You registered with the Pharmacy Examining Board of Canada (PEBC) prior to August 20, 2014

Or

You are currently registered through the Pharmacists' Gateway Canada

Please read the following pages carefully and be sure you understand what the requirements are for you to be licensed as a Pharmacist in New Brunswick.

Table of Contents

APPLICATION REQUIREMENTS	- 3 -
Step 1 – Submit to the NB College of Pharmacists:.....	- 3 -
Step 2 - Conditional Registration.....	- 4 -
Step 3 – Internship	- 4 -
Step 4 – Completing the application process	- 4 -
Application for Registration as a Pharmacist (studied or licensed outside of Canada and US)	- 5 -
Certification Statements.....	- 7 -
Statutory Declaration of Good Character.....	- 8 -
NBCP Policy Statement and Privacy Policy.....	- 9 -

**For more information about the
New Brunswick College of Pharmacists, please visit
www.nbpharmacists.ca**



APPLICATION REQUIREMENTS

Step 1 – Submit to the NB College of Pharmacists:

- Pharmacy Examining Board of Canada certification:** Applicants must successfully complete the PEBC “Evaluating Exam” and at least one part of the “Qualifying Exam” before they can be registered to begin an internship in New Brunswick. (Visit www.pebc.ca for more information.)
- Completed Application For Registration as a Pharmacist form
- Signed Certification Statement form
- Signed Statutory Declaration of Good Character form
- Signed Policy Statement form
- Proof of language proficiency**:** Must be proficient in either of Canada’s official languages (English or French) (see: [Language proficiency requirements for licensure as a pharmacist in Canada](#))
- Proof of identity**:** You must provide identification documents that prove your legal name and date of birth and that preferably contain a photo. Valid Canadian or provincial government-issued photo ID (such as a passport or driver’s license) are accepted. Canadian Birth or Citizenship Certificates may be accepted if accompanied by a notarized passport-sized photo of the applicant.
NOTE: A copy of the identification document(s) will only be accepted if they are an exact replica and have been notarized* by a Commissioner of Oaths or a lawyer. The copied photo must be clear enough to identify the applicant or it will be rejected.
- Criminal Record Check**:** An original document is required; dated no later than 6 months prior to application date. Royal Canadian Mounted Police (RCMP) or any other Canadian police service (includes a Canadian Police Information Centre (CPIC) assessment documenting that you do not have a record of conviction under the Criminal Code (Canada), the Controlled Drugs and Substances Act (Canada), the Food and Drugs Act (Canada).
- Proof of Personal Liability Insurance in your name**** - (minimum \$2,000,000 per claim or per occurrence and a minimum \$4,000,000 annual aggregate)
- Two letters of character reference** (*As per Regulation 12.5(3)(a)iii*)
- Proof of valid certification in First Aid & CPR**** Equivalent to Red Cross Workplace First Aid & CPR Level C (for registration on the Direct Client Care register.)
- Payment of applicable fees

**Notarized documents: A pharmacist’s signature is not accepted.*

***Documents must be valid and meet requirements at time of licensure.*

Step 2 - Conditional Registration

Applicants educated and/or authorized to practise pharmacy in another country may be placed on the Conditional Register according to [Regulation 12.5\(3\)\(a\)](#) prior to obtaining a pharmacist license in New Brunswick. To move from the Conditional Register to full licensure, applicants must be able to meet all requirements of Regulation 12.1 that include a period of internship.

Step 3 – Internship

NOTE: You must be registered with the New Brunswick College of Pharmacists prior to commencing the internship period.

Applicants who are not currently licensed to practice in a Canadian Jurisdiction are required to complete **20-weeks of internship** in New Brunswick to establish competency in pharmacy practice and to become familiar with the laws and standards applicable to pharmacy practice. The duration of the internship may exceed 20 weeks in length, dependent on the applicant's level of competency.

- It is the responsibility of the applicant to find a preceptor and pharmacy location where the Internship period will be served.
- The College must approve the preceptor and pharmacy location before any training may begin (Submit an [Apprenticeship Agreement](#)).
- A training manual must be requested from the College.

Upon successful completion of the internship, the College will arrange a 2-week independent assessment with a second preceptor to confirm the applicant's competency to practice. There is an additional fee associated to this assessment. Please refer to the Fee Schedule for the most current fee.

Step 4 – Completing the application process

- After successfully completing the internship, the applicant must submit (from the training manual):
 - Appendix 1 –Evaluation of Preceptor
 - Appendix 2 – Preceptor Evaluation
 - Appendix 3 – Statement of Completion of Training
- Successful completion of the NB College of Pharmacists **Jurisprudence Exam** after the internship is complete. ([Application form](#)) For more information please refer to [the Jurisprudence Exam Information and Study Guide](#) document.)
- Pharmacy Examining Board of Canada certification:** Applicants must have successfully completed both parts of the Qualifying Exam.
- Payment of all applicable fees

As per Regulation 16.2, I declare that

- I will maintain the minimum insurance coverage required by the NB College of Pharmacists
- my certification in the required level of First Aid & CPR will be maintained throughout the duration of my licensure if I am on the Direct Client Care Register.

Date: **Signature:**

- Application form page 2 of 2 -

Statutory Declaration of Good Character

I, declare that

1. I have not been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the Act of the New Brunswick College of Pharmacists, or any other profession or occupation, would constitute unprofessional conduct or conduct unbecoming of a person registered under this Act.
2. My entitlement to practise pharmacy or any other health profession has not been denied, limited, restricted or subject to any terms, limits or conditions or disciplinary action in any jurisdiction at any time.
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.
4. My past conduct does not demonstrate any pattern of incompetence or untrustworthiness, which would make registration contrary to the public interest.
5. I am aware of and will practise at all times in compliance with the Act and Regulations of the New Brunswick College of Pharmacists.
6. I shall provide the Registrar with the details of any action impacting on the above statements that relate to me, or that occur or arise prior, during, or after my registration with the New Brunswick College of Pharmacists.
7. I do not have an ongoing medical condition (including substance abuse or dependence) that would adversely affect my ability to competently and safely practise pharmacy or make me unsuitable for registration.
8. I have not been involved in a coroner's inquest.

Provide details if any of the above are not true. Details to include Criminal offence/Disciplinary action/Investigation, date when offence was committed/applicable health profession/applicable jurisdiction; disposition of charge including details of penalty-imposed; all verdicts and recommendations of the coroner's inquest in which you were involved; extenuating circumstances you wish taken into account for your application.

I hereby declare, as indicated by my signature below, that the contents of this application are true and complete to the best of my knowledge and belief.

I understand and agree that if I make a false or misleading statement or representation in respect of my application, I shall be deemed not to have satisfied the requirements for registration/licensure.

I further understand and agree that if registration/licensure is issued to me based upon a false or misleading statement or representation that registration/licensure is subject to immediate cancellation.

.....
Name (please print) Signature

Dated at (city) this day of (month)
20.

NBCP Policy Statement and Privacy Policy

All registrants must read the New Brunswick College of Pharmacists Policy Statement and Privacy Policy on the Collection, Use and Disclosure of Registration Information by the NBCP.

The NBCP has a defined policy of protecting the privacy of its Registrants in all of the operations of the NBCP. The majority of personal information contained in each Registrant's record is collected, stored and used by the NBCP for the Identified Purposes as defined in the [NBCP Privacy Policy](#).

The Personal Information collected by the NBCP from its Registrants includes:

- Demographic Information: Name, date of birth, home address, home telephone number, home fax number, e-mail address, gender, place of birth
- Education Information: Educational facility and credentials, date of graduation, Pharmacy Examination Board of Canada registration number, all other certification in regards to the pharmacy profession
- Registration Status: Registration Category, Conditions on practice, competency information, complaint or discipline information, current or past registration with other jurisdiction or Pharmacy Regulatory Authorities
- Employment Information: Place of all employment, name of employer, address of employer, telephone, fax number and e-mail address of employer.

The NBCP consent and disclosure statement for Registrants as it reads in the statement on the Registrant's application form and/or consent form will advise the Registrant that their Personal Information is being Collected and will be Used and Disclosed for the following purposes:

- a) Professional Development and education
- b) Practice based Research
- c) Health promotion programs
- d) Populating electronic health systems
- e) Workforce planning and management
- f) Confirmation of registration and standing to other Pharmacy Regulatory Authorities
- g) Confirmation of registration to Third Party Payers
- h) Confirmation of registration to Medication distribution Centers (wholesalers and manufacturers)
- i) Confirmation of registration to any member of the public or media
- j) Information access by an organization contracted to manage registration information for conducting business that the NBCP is mandated to perform under provincial legislation
- k) Information access by an organization involved in providing the Registrants with communications for the purposes of:
 - i. Professional development and education
 - ii. Practice based information
 - iii. Health Canada Notices
 - iv. Practice based research
 - v. Health promotion programs

The NBCP collects Personal Information from its Registrants for the following Identified Purposes:

- To admit and regulate Registrants and oversee their conduct;

- To discipline, where appropriate;
- To conduct business as mandated under federal and provincial legislation.

The NBCP Privacy Policy is available online:

https://nbcpc.in1touch.org/document/2373/Privacy%20Policy%20Approved%20Nov2015%20EN_grb.pdf

- I certify I have read and understand the NBCP Policy Statement and the Privacy Policy on the Collection, Use and Disclosure of Registration Information by the NBCP.

.....
Name (please print) Signature

Date: