



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

**686 boul. St-George Blvd, Suite 200
Moncton, N.-B. E1E 2C6**
Tel: (506) 857-8957 Fax / Téléc: (506) 857-8838
www.nbpharmacists.ca info@nbpharmacists.ca

CHANGE IN STATUS

Please submit all pages

First Name: Registration #:

Middle Name(s):

Last Name:

Street Address: Apt. #:

City: Province: Postal Code:

Telephone (*home*): Phone (*cell*):

E-mail address:

WHAT IS YOUR CURRENT REGISTER?

- ACTIVE DIRECT CLIENT CARE (Pharmacist/Certified Dispenser or Pharmacy Technician)
- ACTIVE NON-DIRECT CLIENT CARE (Pharmacist/Certified Dispenser or Pharmacy Technician)
- ACTIVE POST EDUCATION RESIDENCY PROGRAM (Pharmacist)
- NON ACTIVE (Pharmacist/Certified Dispenser or Pharmacy Technician)
 - Last date of Direct Client Care Practice (DD/MM/YY)

WHAT REGISTER ARE YOU APPLYING FOR?

- ACTIVE DIRECT CLIENT CARE (Pharmacist/Certified Dispenser or Pharmacy Technician)
- ACTIVE NON-DIRECT CLIENT CARE (Pharmacist/Certified Dispenser or Pharmacy Technician)
- NON-ACTIVE (Pharmacist/Certified Dispenser or Pharmacy Technician)
- RETIRED

New Brunswick Work Location (*if none, please indicate*)

City: Postal Code:

We accept the following methods of payment: Cheque MasterCard Visa
(*Credit Card authorization form attached*)

See [Fee Schedule](#) on website for applicable fee (payment must accompany your registration form)



PLEASE SELECT THE NEW STATUS BEING APPLIED FOR.

CHECK ALL APPROPRIATE BOXES BELOW YOUR SELECTION.

Active Direct Client Care <input type="checkbox"/> Pharmacist <input type="checkbox"/> Pharmacy Technician	Active Non-direct Client Care <input type="checkbox"/> Pharmacist <input type="checkbox"/> Pharmacy Technician	Non-Active (i.e., not practicing/may return at some point) <input type="checkbox"/> Pharmacist <input type="checkbox"/> Certified Dispenser <input type="checkbox"/> Pharmacy Technician	Retired (i.e., not intending to return to active practice) <input type="checkbox"/> Pharmacist <input type="checkbox"/> Certified Dispenser <input type="checkbox"/> Pharmacy Technician
<input type="checkbox"/> I certify I have Professional Liability (Malpractice) Insurance in my name that meets requirements of the College. Please indicate insurance provider: <input type="checkbox"/> I certify to have maintained a learning portfolio documenting my professional development during my absence from practice (<i>Regulation 16.4</i>) or must meet additional requirements specified by the Registration Committee (<i>Regulation 16.5</i>) <input type="checkbox"/> I certify to have worked a minimum of 400 hours in the previous 2 years in a direct client care setting <input type="checkbox"/> I certify I hold valid certification in First Aid & CPR (Expires: DD/MM/YY: _____)	<input type="checkbox"/> I certify I have Professional Liability (Malpractice) Insurance in my name that meets requirements of the College. Please indicate insurance provider: <input type="checkbox"/> I certify to have maintained a learning portfolio documenting my professional development during my absence from practice (<i>Regulation 16.4</i>) or must meet additional requirements specified by the Registration Committee (<i>Regulation 16.5</i>)	<input type="checkbox"/> I understand I am not permitted to perform activities restricted to practice for members enrolled on an Active Register (Direct Client Care or Non-Direct Client Care).	<input type="checkbox"/> I understand I am not permitted to perform activities restricted to practice for members enrolled on an Active Register (Direct Client Care or Non-Direct Client Care).



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



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- 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://nbcpr.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:



Payment must be included at time of application. See the Fee Schedule on website for applicable fee. Cheque, MasterCard or Visa are acceptable forms of payment.

- Cheque is attached**
- I **authorize the New Brunswick College of**
(Name as it appears on credit card)
Pharmacists to use my credit card:

Credit Card #: Expires (mm/yy):

3-digit code on back of card:

Telephone:

to pay the registration fees associated with the attached application/request.

.....
Authorized Signature

.....
Date

Le paiement doit accompagner le formulaire. Voir la Liste de cotisations sur notre site Web pour connaître les frais applicables. Les modalités acceptables de paiement sont les suivantes :
chèque, MasterCard ou Visa.

- Le chèque est joint**
- Je **autorise l'Ordre des pharmaciens du Nouveau-**
Brunswick *(le nom tel qu'il apparait sur la carte)*

N° de carte de crédit Exp :

Code à 3 chiffres au dos de la carte:

Téléphone :



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payé les frais d'inscription associés à la demande ci-jointe.

.....
Signature Autorisé

.....
Date