The Manitoba Pharmaceutical Association

200 TACHE AVENUE, WINNIPEG, MANITOBA R2H 1A7
Phone: (204) 233-1411 Fax: (204)237-3468 E-mail: info@mpha.mb.ca

2010 PRACTICING LICENCE APPLICATION IN A PATIENT CARE SETTING

(Title) (Last Name) (First Name) (Middle Initials)

(Street Address) (City) (Province) (Postal Code)

(Home Phone Number) (Work Phone Number) (Work Fax Number)

(E-Mail Address) (Cell/Pager)

The above is REQUIRED information and MUST be provided where applicable.

Primary Employer: _____
Employment Category: _____ (refer to Table G of the **attached CODE TABLE** to make any changes)
Range of Estimated Weekly Practice Hours: _____ (refer to Table H)
Position: _____ (refer to Table I)
Place of Employment: _____ (refer to Table J)

Secondary Employer (if applicable):_____
Employment Category: _____ (refer to Table G of the **attached CODE TABLE** to make any changes)
Range of Estimated Weekly Practice Hours: _____ (refer to Table H)
Position: _____ (refer to Table I)
Place of Employment: _____ (refer to Table J)

Tertiary Employer (if applicable):_____
Employment Category: _____ (refer to Table G of the **attached CODE TABLE** to make any changes)
Range of Estimated Weekly Practice Hours: _____ (refer to Table H)
Position: _____ (refer to Table I)
Place of Employment: _____ (refer to Table J)

PRACTICING LICENCE STATEMENT AND DECLARATION:

As a registered pharmacist under the provisions of The Pharmaceutical Act of the Province of Manitoba, I hereby make application for a Licence to practice the profession of a pharmacist in the Province of Manitoba **until the 31st day of December, 2009**.

I DECLARE THAT **I AM OR I AM NOT** (PLEASE CIRCLE ONE) UNDER SUPERVISION OR INVESTIGATION BY A PROFESSIONAL REGULATORY BODY GOVERNING THE PRACTICE OF PHARMACY IN CANADA OR ELSEWHERE.

By signing this application, I understand that it is a confirmation of information as listed on this entire application.

(X) …….. ……
SIGNATURE OF APPLICANT DATE

PRACTICING LICENCE FEE:

		If Licensing between Jan and June 30/10	If Licensing between July 1 and Dec 31/10
University Assessment	$100.00	$749.10	$489.46
M.Ph.A. Fee (incl. NAPRA)	$649.10	$ 37.46 GST	$ 24.47 GST
	$749.10	$786.56	$513.93

PAYMENT MUST ACCOMPANY APPLICATION…….ALL FEES ARE NON-REFUNDABLE

- ☐ **Cheque: (Payable to: The Manitoba Pharmaceutical Association)**
- ☐ **Interac (made at the MPhA Office)**
- ☐ **VISA or MasterCard Number:: _ _ _ _/_ _ _ _/_ _ _ _/_ _ _ _**

Expiration Date: _____

Name of Cardholder: _____

Signature of Cardholder: _____

For Office Use Only:

Licene # _____Code: _____

Payment: Y BY: S EMP

Effective:_____

……PLEASE SEE OVER……..

MPHA PROFESSIONAL DEVELOPMENT (PD) REQUIREMENT

According to the Regulations to the Manitoba Pharmaceutical Act and as approved by Council, pharmacists are required to participate in continuing professional development and maintain a learning portfolio documenting their learning activities in order to be eligible for renewal of their practicing licence each year. For a complete description of the MPhA Professional Development Requirement, refer to the enclosed 2008 Learning Portfolio Summary or go to the MPhA PD web pages online (go to **www.napra.ca**, then MB, then Professional Development and then PD Requirements).

Indicate with an "X" the category that applies:

- ☐ I have met the MPhA Professional Development Requirement and have attached my 2008 Learning Portfolio Summary and corresponding Professional Development Log form(s).

- ☐ I have met the MPhA Professional Development Requirement and will submit my 2008 Learning Portfolio Summary and corresponding Professional Development Log form(s) online before December 1st to **kcobb@mpha.mb.ca** **Licence applications will not be processed until all forms submitted online are received.**

- ☐ I am a 2008 graduate of the Bachelor of Science in Pharmacy Program from a recognized, accredited Faculty of Pharmacy in Canada and having met all other requirements, received my first practicing licence with the MPhA in 2008. My undergraduate training has been recognized as meeting the PD requirement for renewal of my practicing licence in 2009.

- ☐ I am an international graduate pharmacist and having met all requirements for licensure as determined by the Board of Examiners, including successful completion of the PEBC examinations, the MPhA Jurisprudence Examination and the MPhA Internship within the 12-month period prior to licensing, received my first practicing licence in Canada with the MPhA in 2008. My Entry-to-Practice Assessment has been recognized as meeting the PD requirement for renewal of my practicing licence in 2009.

- ☐ I am currently enrolled in postgraduate studies in a health care profession with a recognized, accredited Faculty from a University in Canada (e.g. Faculty of Pharmacy, Faculty of Medicine). I am required to submit evidence of enrolment such as a course transcript to fulfill the MPhA Professional Development Requirement for renewal of my practicing licence in 2009.

RELEASE OF WORK MAILING ADDRESS

I give my consent to the Manitoba Pharmaceutical Association to provide my work mailing address to other organizations for the purpose of forwarding information by mail consistent with policy established by Council.

YES_____ NO _____

PATIENT CARE SETTING LICENCE

(defined as: a setting in which a pharmacist interacts directly with practitioners and patients: community and hospital pharmacists including managers)

Full-time (greater than 34 hours worked per week) ☐
Half-time (average of 20-34 hours worked per week) ☐

If less than an average of 20 hours worked per week , please list places of employment and hours worked at each, for 2007 and 2008. Although you have indicated your current employer information on the reverse side, this information is needed to verify that you worked 400 hours over the previous two year period.

Pharmacy	**2007**	**2008**
_____	_____	_____
_____	_____	_____
(If space is insufficient, please attach list)		
TOTAL	_____	_____

CODE TABLES

A

PROVINCE/TERRITORY	
NL	Newfoundland and Labrador
PE	Prince Edward Island
NS	Nova Scotia
NB	New Brunswick
QC	Québec
ON	Ontario
MB	Manitoba
SK	Saskatchewan
AB	Alberta
BC	British Columbia
YT	Yukon Territory
NT	Northwest Territories
NU	Nunavut

B

COUNTRY
ISO Country Codes

C

BASIC EDUCATION	
10	Diploma
20	Baccalaureate
30	Master's
35	PharmD
97	Not Collected
99	Unknown

D

POST-BASIC EDUCATION	
20	Baccalaureate
30	Master's
35	PharmD
40	Doctorate
50	Accredited Residency
98	Not Applicable
99	Unknown

E

CANADIAN UNIVERSITY	
59001000	University of British Columbia
48001000	University of Alberta
46005000	University of Manitoba
35015000	University of Toronto
24003000	Université de Montréal
24005000	Université Laval
12004000	Dalhousie University
10001000	Memorial University of Newfoundland
47005000	University of Saskatchewan
35017000	University of Waterloo

F

EMPLOYMENT STATUS	
12	Employed in the Profession of Pharmacy
22	Employed in Other Than the Profess of Pharmacy, Seeking Employment i the Profession of Pharmacy
32	Employed in Other Than the Profess of Pharmacy, Not Seeking Employm in the Profession of Pharmacy
42	Unemployed and Seeking Employm in the Profession of Pharmacy
52	Unemployed and Not Seeking Employment in the Profession of Pharmacy
99	Unknown

G

EMPLOYMENT CATEGORY	
10	Permanent Employee
20	Temporary Employee
30	Casual Employee
40	Self Employed
98	Not Applicable
99	Unknown

H

ESTIMATED WEEKLY PRACTICE HOURS	
10	40 and Above
20	30-39
30	15-29
40	14 or Less
98	Not Applicable
99	Unknown

I

POSITION	
12	Director of Pharmacy
14	Pharmacy Owner/Manager
16	Pharmacy Manager
22	Institutional Leader/Coordinator
32	Staff Pharmacist
34	Pharmacist Consultant
40	Educator
50	Researcher
56	Industrial Pharmacist
60	Other
98	Not Applicable
99	Unknown

J

PLACE OF EMPLOYMENT	
012	Hospital and Other Health Care Facilities
022	Community Pharmacy
026	Other Pharmacy
032	Group Professional Practice/Clinic
060	Community Health Centre
062	Other Community-Based Pharmacist Practice
100	Post-Secondary Educational Institution
120	Association/Government/Para-Governmental
122	Health-Related Industry/Manufacturing/Commercial
124	Community Pharmacy Corporate Office
140	Other
997	Not Collected
998	Not Applicable
999	Unknown

Retail setting where drugs and related products are distributed primarily through direct face to face client contact.

Setting in which retail drugs and related products are distributed for clients through other than direct face to face client contact.

Pharmacist practice, not otherwise classified, that focuses on the delivery of onsite or offsite community-based, direct-client-care, pharmacy services.