

**PRINCE EDWARD ISLAND PHARMACY BOARD**  
**PRACTICING PHARMACIST LICENSE RENEWAL APPLICATION**  
Due March 31<sup>st</sup> Annually

SECTION ONE: RENEWAL INFORMATION

<b>Box A: Contact Information</b>			
<b>Make any changes to the information shown below directly on this form. Please print clearly</b>			
Date			
Name	PEIPB Registration/ License No.	Gender	Date of Birth
Street Address (Home)			
City	Province	Country	Postal Code
Phone(Home)	E-Mail Address		
Business Name			
Street Address (Business)			
City	Province	Country	Postal Code
Phone(Business)	Fax (Business)	E-Mail Address	
Mail Preference			
	Home		
	Business		

<b>Box B: Registration Classification</b>	
<b>Select your registration/membership classification for the upcoming year. Make cheques payable to the PEI Pharmacy Board.</b>	
Practicing \$775	Non-practicing (Associate) \$200.00
Retired	Voluntarily Resigned
<b>For Retired or Voluntarily Resigned, please sign: X _____</b>	

<b>Box C: Signature</b>	
<input type="checkbox"/>	I have read the Pharmacy Act and Regulations of Prince Edward Island and understand that, as a licensed pharmacist, I must comply with the provisions found therein.
<input type="checkbox"/>	I confirm that I have met the Continuing Education Requirements for re-licensure.
<input type="checkbox"/>	I certify that I <u>have obtained</u> the active practice requirements of 450hrs/3yrs or 900hrs/5ys. I acknowledge that the license issued to me is dependant upon the fulfillment of this obligation.
<input type="checkbox"/>	I certify I have obtained \$2,000,000 personal malpractice/liability insurance in compliance with continued care (prescribing) regulations – or
<input type="checkbox"/>	I will not be prescribing using the continued care regulations and therefore do not require the malpractice insurance
<input type="checkbox"/>	I agree to access my registration file at <a href="http://www.healthregistration.ca">www.healthregistration.ca</a> to complete further data entry required for my license to be approved. I agree to notify the Prince Edward Island Pharmacy Board of any changes in the "Application Information" section of this application form in writing or also by making changes to my file on-line within 7 days.
_____	_____
Signature of Applicant	Date

## PRINCE EDWARD ISLAND PHARMACY BOARD PRACTICING PHARMACIST LICENSE RENEWAL APPLICATION 2007

### SECTION TWO: STATISTICAL INFORMATION

This section is to be completed by **PRACTICING PHARMACISTS** only

Box D: Residence	
Full Name	Registration/ License No.
Province of Current Residence	Province of Registration <div style="text-align: right; margin-right: 20px;">PE</div>

Box E: Educational Background			
Initial Pharmacy Degree		Additional Pharmacy degree (highest level only)	
Diploma	University _____	Baccalaureate	University _____
Baccalaureate	Initial Graduated Year _____	Masters	Year Earned _____
Master's	Country of University _____ (or province if in Canada)	Pharm D	Country of University _____ (or province if in Canada)
Pharm D		Doctorate	
		Accredited Residency	

Box F: Employment Status	
Employed in the profession of pharmacy	Employed in other than pharmacy and seeking employment in pharmacy
Employed in other than pharmacy and <b>not</b> seeking employment in pharmacy	Unemployed and seeking employment in pharmacy
Unemployed and seeking <b>not</b> employment in pharmacy	
<p>If you have chosen <b>Employed in the profession of pharmacy</b>, you must complete Box <b>G</b> below. Complete Boxes <b>H &amp; I</b> only if applicable.          If you have chosen any other option above, you are not required to complete the remainder of this section.</p>	

Box G: Primary Place of Employment – Complete for your primary place of employment in the profession of pharmacy.		
If in Canada, please indicate Province / Territory _____ and Postal Code _____ If not in Canada, please indicate Country of employment _____		
Area of Employment		
Community Pharmacy	Other Pharmacy	Health Related Industry / Mfg/ Commercial
Hospital/ Health Care Facility	Other Community Based Pharmacist Practice	Association/ Government/ Para- Governmental
Community Health Care	Community Pharmacy Corporate Office	Other place of work – not Identified
Group Professional Practice/ Clinic	Post Secondary Educational Institution	
Category		
Permanent Employee	Temporary Employee	Casual Employee
Self - Employed		
Primary Position		
Staff Pharmacist	Director of Pharmacy	Pharmacist Consultant
Pharmacy Manager	Institutional Leader/ Coordinator	Industrial Pharmacist
Pharmacy Owner	Educator	Research
		Other

<b>Estimated Hours Per Week:</b>	40+	30-39	15-29	14 or less
----------------------------------	-----	-------	-------	------------

## PRINCE EDWARD ISLAND PHARMACY BOARD PRACTICING PHARMACIST LICENSE RENEWAL APPLICATION 2007

**Box H: Secondary Place of Employment – complete only if you have a secondary place of employment in the profession of pharmacy.**

If in Canada, please indicate Province / Territory \_\_\_\_\_ and Postal Code \_\_\_\_\_

If not in Canada, please indicate Country of employment \_\_\_\_\_

**Area of Employment**

- |                                     |   |   |
|-------------------------------------|---|---|
| Community Pharmacy                  | Other Pharmacy                            | Health Related Industry / Mfg/ Commercial   |
| Hospital/ Health Care Facility      | Other Community Based Pharmacist Practice | Association/ Government/ Para- Governmental |
| Community Health Care               | Community Pharmacy Corporate Office       | Other place of work – not Identified        |
| Group Professional Practice/ Clinic | Post Secondary Educational Institution    |   |

**Category**

- |                    |                    |                 |
|--------------------|--------------------|-----------------|
| Permanent Employee | Temporary Employee | Casual Employee |
| Self - Employed    |                    |                 |

**Primary Position**

- |                  |                                   |                       |
|------------------|-----------------------------------|-----------------------|
| Staff Pharmacist | Director of Pharmacy              | Pharmacist Consultant |
| Pharmacy Manager | Institutional Leader/ Coordinator | Industrial Pharmacist |
| Pharmacy Owner   | Educator                          | Research              |
|                  |                                   | Other                 |

<b>Estimated Hours Per Week:</b>	40+	30-39	15-29	14 or less
----------------------------------	-----	-------	-------	------------

**Box I: Third Place of Employment – complete only if you have a third place of employment in the profession of pharmacy.**

If in Canada, please indicate Province / Territory \_\_\_\_\_ and Postal Code \_\_\_\_\_

If not in Canada, please indicate Country of employment \_\_\_\_\_

**Area of Employment**

- |                                     |   |   |
|-------------------------------------|---|---|
| Community Pharmacy                  | Other Pharmacy                            | Health Related Industry / Mfg/ Commercial   |
| Hospital/ Health Care Facility      | Other Community Based Pharmacist Practice | Association/ Government/ Para- Governmental |
| Community Health Care               | Community Pharmacy Corporate Office       | Other place of work – not Identified        |
| Group Professional Practice/ Clinic | Post Secondary Educational Institution    |   |

**Category**

- |                    |                    |                 |
|--------------------|--------------------|-----------------|
| Permanent Employee | Temporary Employee | Casual Employee |
| Self - Employed    |                    |                 |

**Primary Position**

- |                  |                                   |                       |
|------------------|-----------------------------------|-----------------------|
| Staff Pharmacist | Director of Pharmacy              | Pharmacist Consultant |
| Pharmacy Manager | Institutional Leader/ Coordinator | Industrial Pharmacist |
| Pharmacy Owner   | Educator                          | Research              |
|                  |                                   | Other                 |

<b>Estimated Hours Per Week:</b>	40+	30-39	15-29	14 or less
----------------------------------	-----	-------	-------	------------