

PRINCE EDWARD ISLAND PHARMACY BOARD PRACTICING PHARMACIST LICENSE INITIAL APPLICATION

SECTION ONE:

Box A: Contact Information				
Make any changes to the information shown below directly on this form. Please print clearly				
Date				
Name	PEIPB Registration/ License No.	Gender	Date of Birth	
Street Address (Home)				
City	Province	Country	Postal Code	Canadian Citizen
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				

Box B: Registration Classification	
Select your registration/membership classification for the upcoming year. Make cheques payable to the PEI Pharmacy Board.	
Practicing \$875	Non-practicing (Associate) \$200.00
Retired	Voluntarily Resigned
For Retired or Voluntarily Resigned, please sign: X _____	

Box C: Signature	
I Please check appropriate boxes :	
<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 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 www.healthregistration.ca 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

Continue>>>>>

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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: 50px;">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 not seeking employment in pharmacy	Unemployed and seeking employment in pharmacy
Unemployed and seeking not employment in pharmacy	
<p>If you have chosen Employed in the profession of pharmacy, you must complete Box G below. Complete Boxes H & I 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	
Estimated Hours Per Week:	40+	30-39	15-29
			14 or less

