



Application for Pharmacist Registration – Northwest Territories

<p style="text-align: center;">Provide a recent passport-type photograph of yourself (taken within the last six months) Application considered incomplete without photograph.</p>	<p>_____ Last Name First Name Middle Name</p> <p>_____ (Apt #) (Street or postal box number)</p> <p>_____ (City, Town, Village) (Province/State) (Postal/Zip Code)</p> <p>Telephone: _____ Fax: _____</p> <p>E-Mail: _____</p> <p>Note: License and other correspondence will be sent to this address unless otherwise advised.</p>									
<p>Date of Birth: (mm/dd/yy) _____ Canadian Citizen:</p> <p><input type="checkbox"/> Yes (attach copy of birth certificate or proof of citizenship)</p> <p><input type="checkbox"/> No (attach copy of work auth. or immigration document)</p>	<p>Language Fluency:</p> <p><input type="checkbox"/> English <input type="checkbox"/> French</p> <p><input type="checkbox"/> Other, specify: _____</p>									
<p>Location and Dates of Planned Practice:</p> <p>Location/Clinic(s) _____</p> <p>Anticipated Start Date: _____</p> <p>Note: Applicant must be fully licensed as a pharmacist in the NWT before beginning work.</p>										
<p>Pharmacy Degree (attach copy of degree, translated if not in English or French)</p> <p>_____/_____/_____ (Date of Graduation) Name of School - Province/State/Country</p> <p>Certificate of Qualification issued by Pharmacy Examining Board of Canada (PEBC).</p> <p>Date received: ___/___/___ (attach photocopy). mm dd yy</p> <p>OTHER REGISTRATION: (complete for Canadian and out-of-country registration). Unrestricted license in a Canadian province is required.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 33%;">Jurisdiction</th> <th style="width: 33%;">License Dates</th> <th style="width: 33%;">License Number</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Jurisdiction	License Dates	License Number						
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<p>References: (Provide the names and address of three (3) character references, at least two (2) must be pharmacists. Supply these referees with a copy of the Reference Form.)</p> <p>1) _____ 2) _____ 3) _____</p> <p>_____ _____ _____</p> <p>_____ _____ _____</p>										

Personal Information (Check the appropriate box. If answer is yes to any of the following questions, provide full explanation/details on a separate sheet of paper.)	Yes	No
1. Have you ever been refused a license, permit or registration to practice as a pharmacist in any jurisdiction?		
2. Have you ever had a pharmacy license, registration or right to practice pharmacy in any jurisdiction revoked, suspended or restricted in any way?		
3. Have you ever or are you currently being treated for any addictions such as alcohol abuse, drug abuse, gambling etc.?		
4. Are you presently the subject of an allegation, complaint or investigation for any reason whatsoever by any pharmacy licensing authority?		
5. Are you aware of any inquiry likely to be made by any authority, licensing or otherwise, with respect to your conduct, personal behavior or competence?		
6. Have you previously applied for, or have been issued, a license or certificate of registration in the Northwest Territories. If yes, when? License # (if known)		

<p>Declaration</p> <p>I authorize the Registrar to investigate and obtain from any person or persons, such information as may be required in relation to this application. I certify that the statements made by me in this application are true and complete. I am aware that misrepresentation or falsification may result in rejection of my application or withdrawal of registration.</p> <p>Signature: _____ Date: _____</p>	
<p>When complete, forward with all required attachments, to:</p> <p>Registrar, Health Professional Licensing Department of Health & Social Services Government of the Northwest Territories 8th Floor Centre Square Tower (5022-49 ST) P.O. Box 1320, YELLOWKNIFE, NT X1A 2L9 Telephone: (867) 920-8058</p>	<p>If you wish to pay your fees by Visa, complete the following: (See list of requirements for fees.)</p> <p>Name on Card: _____ Card Number: _____ Card Expiry Date: _____ Amount: _____</p> <p>Authorized Signature: _____</p>

This personal information is being collected under the authority of the *Pharmacy Act* of the NWT and will be used to process Application for Registration. Information collected is protected by the privacy provisions of the *Access to Information and Protection of Privacy Act* of the NWT. If you have any questions about the collection, contact the Registrar's Office at the above number.