



## Requirements for Licensing as a PHARMACIST in the Northwest Territories

Name of Applicant:		Date:
List of Requirements:		Applicant's Checklist
1. <b>Application for Pharmacy Registration</b> – complete and attach photograph. <i>Specify location of work and date of commencement of practice</i>		<input type="checkbox"/>
2. <b>Current detailed C.V. / Resume.</b>		<input type="checkbox"/>
3. <b>Certificates of Standing</b> from jurisdictions where the applicant is (and has been previously) licensed, sent directly from the licensing authority to the Registrar's office. Unrestricted license in a Canadian province is required.		<input type="checkbox"/>
4. <b>Three professional references</b> mailed directly to the Registrar from the Referees on the reference form provided.		<input type="checkbox"/>
For applicants with prior licensure, please proceed to Number 8.		
5. <b>Birth Certificate or Citizenship Documentation</b> - if you are a Canadian citizen - provide a photocopy. If you are not a Canadian citizen and you hold a Valid Immigration or Work Permit – provide a photocopy.		<input type="checkbox"/>
6. <b>Copy of Pharmacy Degree diploma</b> - If the degree is not in English or French provide a translation.		<input type="checkbox"/>
7. <b>Copy of Pharmacy Examining Board of Canada (PEBC) certificate.</b> <i>NOTE: Applicants may be exempted from having PEBC if, in the province in which the applicant is registered, he or she is not required to hold PEBC.</i>		<input type="checkbox"/>
8. <b>Fees</b> (payable to the Government of the N.W.T.): a) Registration and License Fee - \$250.00 <i>NOTE: License valid to March 31st following date of issue, renewable upon payment of \$250 license renewal fee</i>  OR b) Temporary Permit (valid to maximum of six (6) months) - \$150.00 <i>NOTE: Available one-time only, not renewable, no notice prior to expiry</i>		<input type="checkbox"/>

\*\*Failure to forward documents as stated above will delay and possibly prevent licensing.

\*\*Allow six full weeks from when Registrar receives documentation to when licensing can be expected.

Box 1320, NGB - 7th floor • Registrar, Professional Licensing Department of Health and Social Services  
Government of the NWT • Yellowknife NT X1A 2L9 • Tel. (867) 767-9067 • Fax (867) 873-0484  
Email: professional\_licensing@gov.nt.ca



## APPLICATION FOR PHARMACIST REGISTRATION – NORTHWEST TERRITORIES

Last Name		First Name		Provide a recent passport-type photograph of yourself (taken within the last six months) Application considered incomplete without photograph.
Middle Name		Date of Birth (mm/dd/yy)		
<b>Mailing Address (Note: License and other correspondence will be sent to this address unless otherwise advised).</b>				
Apartment, Street Number and Name, P.O. Box				
City/Town/Village				
Province/Territory		Postal Code		
Telephone ( )	Fax ( )	<b>Email (mandatory)</b>		
Canadian Citizen: <input type="checkbox"/> Yes (attach copy of birth certificate or proof of citizenship) <input type="checkbox"/> No (attach copy of work auth. or immigration document)		Language Fluency: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other, specify:		
<b>Location and Dates of Planned Practice (Note: Applicant must be fully licensed as a pharmacist in the NWT before beginning work.)</b>				
Location / Clinics			Anticipated Start Date	
<b>Pharmacy Degree (attach copy of degree, translated if not in English or French)</b>				
Date of Graduation (mm/dd/yy)		Name of School - Province/State/Country		
<b>Certificate of Qualification issued by Pharmacy Examining Board of Canada (PEBC).</b>				
Date received (mm/dd/yy) - Attach Photocopy				
<b>Other Registration (Complete for Canadian and out-of-country registration). Unrestricted license in a Canadian province is required.</b>				
Jurisdiction		License Dates		License Number
<b>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.)</b>				
Reference 1		Reference 2		Reference 3

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?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had a pharmacy license, registration or right to practice pharmacy in any jurisdiction revoked, suspended or restricted in any way?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever or are you currently being treated for any addictions such as alcohol abuse, drug abuse, gambling etc.?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you presently the subject of an allegation, complaint or investigation for any reason whatsoever by any pharmacy licensing authority?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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) _____	<input type="checkbox"/>	<input type="checkbox"/>

**Declaration**

**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.

\_\_\_\_\_ Signature | \_\_\_\_\_ Date - D/M/Y

<p><b>When complete, forward with all required attachments, to:</b></p> <p><b>Registrar, Health Professional Licensing Department of Health &amp; Social Services Government of the Northwest Territories 7th New Government Building (5015-49th ST) P.O. Box 1320, YELLOWKNIFE, NT X1A 2L9 Telephone: (867) 767-9067</b></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: _____</p>
	<p>Card Number: _____</p>
	<p>Card Expiry Date: _____</p>
	<p>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.

If you would like this information in another official language, contact us at 1-855-846-9601.  
Si vous voulez ces renseignements dans une autre langue officielle, communiquez avec nous au 1-855-846-9601.



# Reference form for PHARMACIST applying for Pharmacy Licensure in the Northwest Territories

Please mail, fax or email completed form to:

Box 1320, NGB - 7th floor • Registrar, Professional Licensing Department of Health and Social Services • Government of the NWT  
Yellowknife NT X1A 2L9 • Tel. (867) 767-9067 • Fax (867) 873-0484 • Email: professional\_licensing@gov.nt.ca

Name of Applicant (PLEASE PRINT)	
Name of Referee (PLEASE PRINT)	Applicant Telephone/Fax

*I authorize the referee to disclose to the Registrar, Northwest Territories, information relevant to licensure that would otherwise be confidential and I waive any right of disclosure of the same and agree that communication between the Registrar and the referee shall be privileged.*

Signature of Applicant	Date - D/M/Y
------------------------	--------------

**INSTRUCTIONS FOR REFEREE:** Your personal knowledge of this applicant is important in judging suitability for licensure. Any problems or concerns that you identify below should be explained. Please use the back of this form if required.

1. Indicate dates where, and in what capacity, you have knowledge of the applicant. Must be within the last three years:

\_\_\_\_\_

	YES	NO
2. Are you aware of any problems regarding the applicant's physical or mental health or of any alcohol or drug problems?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you aware of any complaints regarding the applicant from either patients or other pharmacists?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you know of any ethical problems the applicant has which relate to pharmacy practice?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you aware of any aspects of the applicant's personality that may cause difficulties in professional interpersonal relationships with patients or other pharmacists?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there any reason why you would not consider the applicant to have adequate knowledge, skills, and judgement required to provide pharmacy services?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you any additional information with respect to the applicant's professional or ethical conduct that may affect their application for registration?		

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Referee	Date - D/M/Y
----------------------	--------------

Referree Address		
Telephone ( )	Fax ( )	Email