



College of Pharmacists of Manitoba

200 Tache Avenue, Winnipeg, Manitoba R2H 1A7
Telephone (204) 233-1411 Fax: (204) 237-3468 E-mail: info@cphm.ca

2019 APPLICATION FOR INITIAL REGISTRATION AS AN EXTENDED PRACTICE PHARMACIST

(Title)	(Last Name)	(First Name)	(Middle Name(s))
(Mailing Address)	(City)	(Postal Code)	
(Telephone Number)	(Work Phone Number)	(Work Fax Number)	
(Email Address)	(College Licence number)		

For Initial Application For Registration As An Extended Practice Pharmacist: Area of Specialization

(please refer to section 96 of the regulations below and note the specific subsection):

Specialty qualifications

96 A member is qualified as a specialist in an area upon providing evidence satisfactory to the registrar that he or she has one or more of the following qualifications:

- a) board certification from the American Board of Pharmacy Specialties in one of the following specialties, is currently practising, and has practised for at least 1000 hours in the two years before applying for registration, in a healthcare setting in one of the following specialty areas:
 - (i) ambulatory care pharmacy,
 - (ii) nuclear pharmacy,
 - (iii) nutrition support pharmacy,
 - (iv) oncology pharmacy,
 - (v) pharmacotherapy,
 - (vi) psychiatric pharmacy;
- b) board certification in geriatric medicine from The Commission for Certification in Geriatric Pharmacy, is currently practising, and has practised for at least 1,000 hours in the two years before applying for registration, in a geriatric healthcare setting;
- c) a postgraduate clinical degree of Pharmacy (Pharm D, M.Sc. or Ph.D.) from a program approved by the council, is currently practising, and has practised for at least 1,000 hours in the two years before applying for registration, in a healthcare setting and in the specialty area (programs approved by Council are listed on the College website.);
- d) successful completion of the Canadian Diabetes Educator Certification Board examination, is currently practising, and has practised for at least 5,000 hours in the five years before applying for registration, in a diabetes healthcare setting;
- e) successful completion of the Certified Respiratory Educator examination administered by the Canadian Network for Respiratory Care, is currently practising, and has practised for at least 5,000 hours in the five years before applying for registration, in a respiratory healthcare setting;
- f) certification by the National Certification Board for Anticoagulation Providers, is currently practising, and has practised for at least 5,000 hours in the five years before applying for registration, in a related healthcare setting;
- g) certification from any other program approved by the council as equivalent to a program described in this section, coupled with a similar practising requirement. (Programs approved by Council are listed on the College website.)

Location(s) of practice: _____



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Please provide:

- 1. A description of the collaborative practice, as required under section 95(5c)i (see below). Consistent with the definition of collaborative care in the regulation, applicants for registration as an extended practice pharmacist are required to confirm that they are in a collaborative practice setting by describing how they meet the following criteria:
 - a) Patients are common to the pharmacist and the physician (or registered nurse extended practice / NP). i.e., both are providing care to the patient(s);
 - b) The pharmacist and the physician (or registered nurse extended practice / NP) understand and acknowledge that they share decision-making, risks and responsibilities in the care of the patient(s) described in #1;
 - c) The pharmacist and the physician (or registered nurse extended practice / NP) share and / or have immediate access to relevant diagnostic and health information; and
 - d) There are established procedures for timely communication between the pharmacist and the physician (or registered nurse extended practice / NP) respecting patient care issues and decisions.
- 2. The name and contact information for the physician and/or extended practice registered nurse that will verify the collaborative practice.
- 3. The name of each registered nurse who is not extended practice and the date approval was received under section 95(5)(cii) (see below) :
- 4. Written confirmation or a declaration of practicing at least the minimum required hours (see section 96) above, in the previous two years that includes the specific location(s) where the practice occurred and the name of the physician (or registered nurse extended practice / NP) that could confirm the hours worked.
- 5. List the name(s) of the physician (or registered nurse extended practice / NP) at the practice site that you will work in collaboration with (if the list is numerous and varies upon shift, list the five most recent where the collaboration has occurred)
- 6. Written declaration from the medical director or physician (or registered nurse extended practice / NP) in charge supporting the application or their signature on a copy of the application.
- 7. Provide a current job description / scope of practice description and any changes being considered once an Extended Practice Pharmacist registration is attained.
- 8. Provide a copy of your Degree or Certificate.

95(5) An extended practice pharmacist is entitled to practice as an extended practice pharmacist only as long as

(c) the member practises in a collaborative practice

(i) with a physician or a registered nurse (extended practice), or

(ii) with a registered nurse who is not a registered nurse (extended practice), if the extended practice advisory committee established under section 99 recommends the collaborative practice and its setting, and the minister approves.



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I declare I have met the Continuing Professional Development Requirement by participating in at least 15 hours of my 25 hours professional development learning activities requirement between November 1st, 2017, and October 31st, 2018, that relate specifically to my area of specialty and have kept a three year past record of learning activities in my online professional development profile, through the College's website, and the necessary supportive documents.

Registration Fee: \$166.98 + 8.35 = 175.33

Payment must accompany application.....All Fees Are Non-Refundable

GST# R107660664

- Cheque: Payable to: College of Pharmacists of Manitoba
- Interac made at the College Office
- VISA or MasterCard Number _____/_____/_____/_____ Expiry Date: ____/____

Signature of Pharmacist

Date of Application