

Application for Reinstatement of Certificate of Registration

To determine your eligibility for reinstatement, please review [Section 38](#) of the Regulations under the Pharmacy Act.

I am applying for reinstatement as a:	Complete sections:
<input type="checkbox"/> Pharmacist in Part A of the Register	A, B, C, D and E Declaration of Good Character Declaration of Competence to Provide Patient Care Credit Card Authorization
<input type="checkbox"/> Pharmacist in Part B of the Register	A, B, C and E Declaration of Good Character Credit Card Authorization
<input type="checkbox"/> Pharmacy Technician in Part A of the Register	A, B, C, D and E Declaration of Good Character Declaration of Competence to Provide Patient Care Credit Card Authorization
<input type="checkbox"/> Pharmacy Technician in Part B of the Register	A, B, C and E Declaration of Good Character Credit Card Authorization

Contact Information					
A	Last Name (Surname)			OCP Number	
	First Name	Middle Name(s)	Former Names(s)		
	Street Address		City	Province	Postal Code
	Primary Phone	Secondary Phone	Email		

Registered Jurisdictions				
B	List ALL jurisdictions (worldwide) in which you are or have been engaged in the practice of pharmacy. A letter of standing must be sent to the College directly from each regulatory body - notarized copies will not be accepted.			
	Country	Province/State	Year of Registration	Current Status

Police Background Check

C

- I have completed an online police background check through [Sterling Talent Solutions](#).
or
 I am submitting an original police background check obtained through my local police station.

Personal Professional Liability Insurance Declaration

D

- I hereby declare that I have [personal professional liability insurance](#) coverage and that I will continue to maintain this insurance as prescribed in Article 3 of College By-Law throughout my registration.

Authorization and Acknowledgement

E

I hereby authorize the Ontario College of Pharmacists to exchange information with the education institutions, examination bodies or licensing authorities noted on this application for the purpose of validating the information I have provided with respect to meeting the registration requirements to obtain a certificate of registration.

I acknowledge that I cannot practice as a Pharmacist / Pharmacy Technician until I have received confirmation of my reinstatement from the Ontario College of Pharmacists.

Name

Signature

Date Signed

Declaration of Good Character, Code of Ethics and Declaration of Commitment

Regulated health professionals are expected to practice ethically and competently to protect the public interest. Section 4(1) 2-4; and 6 of the [Registration Regulation](#) addresses requirements with respect to applicant past and present conduct, character and competence.

Each applicant must complete a declaration of good character when applying for a certificate of registration as an intern, pharmacist, intern technician or pharmacy technician.

Guidance for Completion of the Declaration Questions

Definitions have been provided to assist you in completing the declaration questions that follow. Please hover over the bolded terms for further information and carefully read and confirm your understanding of this information before you submit the declaration. Please review the [minor offences policy](#) for additional information before answering the questions.

Answering yes to a question does not necessarily mean you will be unable to pursue registration with the College - all of the circumstances will be considered individually. If in doubt, it is safer to report a concern than to risk failing to disclose information.

Declaration of Good Character

1. Have you ever been found **guilty** of a criminal **offence** or any other offence in Canada or any other country?
 Yes No
2. Are you currently **charged** with a criminal **offence** or any other offence in Canada or any other country?
 Yes No
3. Are you currently **the subject of an investigation, review or proceeding** with respect to the practice of pharmacy or any other profession or occupation in Canada or any other country?
 Yes No
4. Have you ever had a finding of **professional misconduct, incompetence or incapacity** with respect to the practice of pharmacy or any other profession or occupation in Canada or any other country?
 Yes No
5. Do you have a medical condition that could affect your ability to safely practice pharmacy? (examples: mental or physical illness, psychiatric disorder, addiction to drugs or alcohol, or any other condition)
 Yes No
6. While attending a post-secondary institution or completing any of the [registration requirements](#), have you ever been **suspended, expelled** or put on probation or had any other penalty for **academic misconduct** or any other form or misconduct?
 Yes No

I have sufficient knowledge, skills and judgement to competently engage in the practice of pharmacy authorized by the certificate of registration, for which I am applying.

I agree

I hereby declare that I will display an appropriately professional attitude, practice pharmacy with decency, honesty and integrity and in accordance with the law.

I agree

I agree and understand that as of the date of completion of this application, I am responsible for providing the Registrar with the details of any new information that would change my response to any of the questions on the declaration. I understand that this requirement will continue as long as I am registered with the College.

I agree

I hereby declare, as indicated by my agreement below, that the contents of this application are true and complete to the best of my knowledge and belief. I understand and agree that if I make a false or misleading statement or representation with respect to my application, I shall be deemed not to have satisfied the requirements for a Certificate of Registration. I further understand and agree that if a Certificate of Registration is issued to me based upon a false or misleading statement or representation that Certificate is subject to immediate cancellation.

I agree

Code of Ethics and Declaration of Commitment

I acknowledge that I have read and understand the [Code of Ethics](#).

I agree

I commit to serve and protect my patients and society.

In keeping this promise:

- *I will put my patients first.*
- *I will "do good" and benefit my patients and society.*
- *I will "do no harm" and, whenever possible, prevent harm from occurring.*
- *I will protect my patients' vulnerability and respect their rights as autonomous persons.*
- *I will act as a responsible and accountable fiduciary of the public trust.*
- *I will faithfully abide by my profession's Code of Ethics.*

I make this [commitment](#) as a healthcare professional to my patients, society, my profession and to myself.

I declare my commitment

Name	OCP Number
Signature	Date Signed

Declaration of Competence to Provide Patient Care

A pharmacist or pharmacy technician who asks to renew their Part A Certificate of Registration **must provide a declaration of competence** to provide patient care. Former pharmacists or pharmacy technicians requesting to be reinstated into Part A must also provide a declaration of competence to provide patient care.

The College maintains a two-part Register for pharmacists and pharmacy technicians:

- Part A – registrants who provide patient care
- Part B – registrants who **do not** provide patient care

There are a number of activities which the College considers as patient care activities. These include activities with individual patients and with patient populations, which can be **distilled to the level of providing individual patient care**.

[Please visit our website](#) to see examples of patient care activities for pharmacists and pharmacy technicians.

Complete the competency declaration section that applies to you (pharmacist or pharmacy technician) and provide your signature at the bottom of this form.

Competency Declaration For Pharmacists

To remain in Part A of the Register:

- I declare that I remain competent to provide safe, quality care to patients, that meets the Standards of Practice, Code of Ethics, and optimizes patient care.
- I acknowledge that my practice meets the definition of Part A as described above.
- I acknowledge that I am required to complete a [knowledge assessment](#) when selected to do so.
- I acknowledge that I am required to complete a [practice assessment](#) when selected to do so. It is my responsibility to make any necessary arrangements to complete this assessment when scheduled.
- I acknowledge that I am required to maintain a Designated Practice Assessment (DPA) site with OCP (a practice site in Ontario where I provide patient care and where the practice assessment takes place.). It is my responsibility to update OCP if this DPA site changes, and to notify the Designated Manager, manager or supervisor that I have selected/declared this practice site (if applicable).
- I acknowledge that I am required to participate in self-assessment and continuing professional development activities and maintain a portfolio of such activities to ensure that I can maintain the Standards of Practice of the profession and provide optimal patient care.
- I acknowledge that failure to comply with the above can result in a referral to the Quality Assurance Committee, who has the authority to direct the Registrar to transfer a registrant to Part B.

Competency Declaration

For Pharmacy Technicians

To remain in Part A of the Register:

- I declare that I remain competent to provide safe, quality care to patients, that meets the Standards of Practice, Code of Ethics, and optimizes patient care.
- I acknowledge that my practice meets the definition of Part A as described above
- I acknowledge that I am required to complete a [practice assessment](#) when selected to do so. It is my responsibility to make any necessary arrangements to complete this assessment when scheduled.
- I acknowledge that I am required to maintain a Designated Practice Assessment (DPA) site with OCP (a practice site in Ontario where I provide patient care and where the practice assessment takes place.). It is my responsibility to update OCP if this DPA site changes, and to notify the Designated Manager, manager or supervisor that I have selected/declared this practice site (if applicable).
- I acknowledge that I am required to participate in self-assessment and continuing professional development activities and maintain a portfolio of such activities to ensure that I can maintain the Standards of Practice of the profession and provide optimal patient care.
- I acknowledge that failure to comply with the above can result in a referral to the Quality Assurance Committee, who has the authority to direct the Registrar to transfer a registrant to Part B.

Name	OCP Number
Signature	Date Signed

Reinstatement Fees

Credit Card Authorization Form

To apply for reinstatement, you are required to pay all outstanding [fees](#) or money owed to the College, the reinstatement fee and the registrant annual fee. Note fees are not prorated.

Please contact Applications & Renewals at registrantservices@ocpinfo.com or 416-962-4861 ext. 3400 to determine the total amount you are required to pay to be reinstated.

Credit Card Information			
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express			
Credit Card Type			
Name as it appears on card			
Card Number		Expiry Date (MM/YY)	CVV/CVC
Billing Address	City	Province	Postal Code
Phone number to call if there is a payment issue			

Payment Authorization	
<input type="checkbox"/> I authorize the Ontario College of Pharmacists to charge \$ _____ to my credit card.	
<i>Name</i>	<i>OCP Number</i>
<i>Signature</i>	<i>Date Signed</i>