

APPLICATION FOR PART B REGISTRANTS TO PREPARE FOR MOVE TO PART A

Complete this form if you are in the process of moving from Part B to Part A of the Register and would like to practice performing the controlled acts before attempting your practice assessment. Your practice preparation period can last six months from the time this application is submitted.

Registrant Contact Information

A	LAST NAME (SURNAME)				OCP NUMBER	
	FIRST NAME		MIDDLE NAME(S)		FORMER NAME(S)	
	STREET ADDRESS			CITY	PROVINCE	POSTAL CODE
	PRIMARY PHONE		SECONDARY PHONE		EMAIL	

Supervising Part A Registrant(s) and Pharmacy Information

B	PART A REGISTRANT	OCP #	PHARMACY NAME	PHARMACY ADDRESS	PHARMACY ACCREDITATION NUMBER	START DATE

For supervision requirements, please see the [Supervision of Pharmacy Personnel Policy](#) (reference the section on “supervising Part B pharmacists and Part B pharmacy technicians transferring to Part A”)

Direct Supervision Under Part A Registrant(s)

C	I agree to only practice if a Part A registrant listed above is physically present on the premises. I agree to practice within my competencies and as agreed to with the supervising Part A registrant. I acknowledge that I am not able to supervise other registered pharmacy professionals or manage a pharmacy. Refer to: Supervision of Pharmacy Personnel Policy .	I agree

Communication to Supervising Part A Registrant(s)

D	I confirm that the Part A registrant(s) listed above have agreed to provide supervision of my pharmacy practice.	Yes	No

APPLICATION FOR PART B REGISTRANTS TO PREPARE FOR MOVE TO PART A

Personal Professional Liability Insurance Declaration

- E** I hereby declare that I have personal professional liability insurance coverage and that I will continue to maintain this insurance as prescribed in the College's By-Law while engaged in patient care.
- I agree

Good Character

- F** 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

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.

.....
Name (please print)

.....
Signature

.....
Date

For assistance completing this form or if more than 6 months of practice preparation is required, please contact regprograms@ocpinfo.com.

Submit the completed and signed form to regprograms@ocpinfo.com.