



Application for Reinstatement of Certificate of Registration as a Pharmacist

Circle one: Mr. Ms Mrs. Miss

Surname: OCP Registration No:

Given Name(s) in full: Previous Surname:

Street Address: Apt. #:

City: Province: Postal Code:

Phone: Mobile: Fax:

Email (mandatory):

List all jurisdictions in which you are presently or have been registered as a pharmacist since resignation from the Ontario College of Pharmacists:

NOTE: A Letter of Standing sent from each licensing body is required

Province/State/Country:	Year of Registration:	Current Status:
.....
.....

- At the time of my resignation, I was in Part A and had met the practice requirement of 600 hours over 3 years
- At the time of my resignation, I was in Part B

Good Character: Submit a completed Declaration of Good Character

Fees:

Please contact Client Services for accurate fee amount at ocpclientservice@ocpinfo.com

Personal Professional Liability Insurance Declaration:

- I hereby declare that I have personal professional liability insurance coverage and that I will continue to maintain this insurance as prescribed in Article 2 of College By-Law throughout my registration.

Consent:

- 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 until I have received confirmation of my eligibility to be reinstated from the Ontario College of Pharmacists.

Signature of Applicant: Date:



Declaration of Good Character

Guidance for Completion of the Declaration Questions

The following information is provided to assist you in completing the declaration questions that follow. Please read this information carefully and confirm your review of the information below, before you complete the Declaration questions.

In questions 1 and 2 you are asked to report if you have had a *finding of guilt* or are the subject of any proceeding, related to any offence, in any jurisdiction.

Being found “*guilty*” means that a court has found that you committed the offence, even if you have been pardoned or received a conditional or absolute discharge. Even if you were not convicted, you must report any finding of guilt.

An “*offence*” is a breach of law that is prosecuted in a court. This includes criminal offences, as well as any other offences under federal, provincial or municipal statutes. Although you are to report any offence, even if it does not relate to the practice of pharmacy, please note the College is particularly interested in any offence, in any jurisdiction related to the use, possession or sale of drugs; any offence under the Controlled Drug and Substances Act (Canada), or any offence, in any jurisdiction related to the practice of pharmacy or any other profession or occupation.

In questions 3 and 4 you are asked to report if you have had a *finding*, or are currently the subject of a proceeding, of professional misconduct, incompetence or incapacity or any like finding, in any jurisdiction *in relation to the practice of pharmacy* or any other profession or occupation.

A “*finding*” occurs after a formal hearing or by a formal admission by you of wrongdoing or of incapacity (for e.g. before a Discipline Committee or Fitness to Practise Committee). This question is similar to the first two questions and requires you to report any finding related to professional misconduct, incompetence or incapacity, even if a different term is used to describe the issue, in pharmacy or in any other profession or occupation.

You are currently “*facing a proceeding*” if you have been notified that there will be a hearing held in respect to allegations of professional misconduct, incompetence, incapacity, or a similar issue (different words are used by different regulators to describe the same concept).

An offence “*in relation to the practice of pharmacy*” means that it has some relevance to your practice or your suitability to practice the profession. If in doubt, it is safer to report a finding of guilt than to risk failing to make a required report. Just because a report has been made does not mean that the College will take action—all of the circumstances will be considered individually.

In question 5 you are asked to report anything that may affect your ability to practice the profession safely, effectively and ethically. The sub-questions require that you consider your health, knowledge, ability, behaviour and judgment and determine if there is anything that may affect your suitability to practice the profession. If in doubt, it is safer to report a concern than to risk failing to make a required report. Just because a report is made it does not mean that you will be unable to pursue registration with the College – all of the circumstances will be considered individually.

By indicating your agreement below, you acknowledge that you have read and understand the information above, which is provided to assist you in answering the declaration questions that follow. If you do not understand the questions or require further clarification about any of the questions you may contact Client Services at occlientservices@ocpinfo.com for assistance.

I have read and understand the Guidance for Completion of the Declaration Questions

I agree

.....
Name (please print)

.....
Signature

.....
Date



Declaration

1. Have you ever been found guilty of any offence in any jurisdiction? Yes No
2. Are you the subject of a current proceeding in respect of any offence in any jurisdiction? Yes No
3. Have you ever been the subject of a finding of professional misconduct, incompetence or incapacity or any like finding, in Ontario or any other jurisdiction in relation to pharmacy or any other profession or occupation? Yes No
4. Are you currently the subject of professional misconduct, incompetence or incapacity proceeding or any like proceeding, in Ontario or any other jurisdiction in relation to pharmacy or any other profession or occupation? Yes No
5. Is there anything in your past or present that would provide reasonable grounds for the belief that you:
- will not practice pharmacy with decency, honesty and integrity, and in accordance with the law? Yes No
 - suffer from any physical or mental condition or disorder that could affect your ability to practice pharmacy in a safe manner? Yes No
 - do not have sufficient knowledge, skill and judgement to competently engage in the practice of pharmacy authorized by the certificate of registration? Yes No
 - will not display an appropriately professional attitude? Yes No
6. 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 even after the date my certificate of registration is issued. I agree
7. 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 in respect of 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

.....
Name (please print)

.....
Signature

.....
Date