



## Extended Practice Certificate- Renewal Application

### Applicant Information

Name: \_\_\_\_\_ PEICP Registration #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Drug Administration	
I hereby make application to the Prince Edward Island College of Pharmacists (PEICP) to renew the Extended Practice Certificate-Drug Administration by Injection in accordance with section 16 of the <i>Regulated Health Professions Act, Pharmacist and Pharmacy Technician Profession Regulations</i>	
I declare that I have performed at least one injection as outlined in schedule B of the <i>Regulated Health Professions Act, Pharmacist and Pharmacy Technician Profession Regulations</i>	
<b>Renewal Fee: \$25.00</b> Payment can be made by cheque or e-transfer to <a href="mailto:info@pepharmacists.ca">info@pepharmacists.ca</a>	Please Check <input checked="" type="checkbox"/>
Minor Ailment Prescribing	
I hereby make application to the Prince Edward Island College of Pharmacists (PEICP) to renew the Extended Practice Certificate-Prescribing for Minor Ailments in accordance with section 16 of the <i>Regulated Health Professions Act, Pharmacist and Pharmacy Technician Profession Regulations</i>	
<b>Renewal Fee: \$0</b>	Please Check <input checked="" type="checkbox"/>
Signature: _____	

Send completed forms to: P.E.I College of Pharmacists, 375 TCH, PO Box 208, Cornwall, PE C0A 1H0 or by fax to (902) 628-6946 or scan and e-mail to [info@pepharmacists.ca](mailto:info@pepharmacists.ca)

For PEI College of Pharmacists Office Use		
Current First Aid/CPR: Yes No	Liability insurance: Yes No	Approved: Yes No
Signature: _____		