



### Letter of Standing

To be completed by the applicant's current pharmacy regulatory authority

#### Applicant Demographic Information:

\_\_\_\_\_  
Last Name                                      First Name & Middle Initial                                      Date of Birth (DD/MM/YYYY)

\_\_\_\_\_  
Street Address (or P.O. Box)

\_\_\_\_\_  
City/Town & Province                                      Postal Code                                      Country

#### Pharmacy Regulatory Authority Information:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address (or P.O. Box)

\_\_\_\_\_  
City/Town & Province                                      Postal Code                                      Country

#### Applicant Registration Information:

\_\_\_\_\_  
Date of Initial Registration with Regulatory Authority                                      Expiry date of Current Registration with Regulatory Authority                                      Current Category/Class of Registration

\_\_\_\_\_  
Applicant's Registration #                                      Applicant's PEBC # (if applicable)

Is the applicant currently authorized to perform/participate in any expanded scopes of practice?     Yes     No

If yes, please describe: \_\_\_\_\_

Has the applicant met any and all requirements for professional development?     Yes     No

If no, please provide details: \_\_\_\_\_

Are there currently any terms, conditions or limitations attached to the applicant's registration?     Yes     No

If yes, please describe: \_\_\_\_\_

Is there a history of any previous disciplinary finding on record?     Yes     No

If yes, please describe: \_\_\_\_\_

Is the applicant currently the subject of any outstanding complaints or disciplinary proceedings?     Yes     No

If yes, please describe: \_\_\_\_\_

**Certification:**                                      **I certify the above information to be complete and correct.**

\_\_\_\_\_  
Name of Authorized Person

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Date Signed