



Pharmacist Transfer of Registers Application

Applicant Information

Name _____ PEICP Registration # _____

Home street address _____ Province _____

City _____ Postal code _____

Phone (home) _____ E-mail _____

Employer _____

Phone (business) _____ Fax _____ E-mail _____

Mailing preference? Home Business

Register Information

Current Registration: Part A Part B

I am transferring to: Part A Part B

Changing from Part B to Part A

Applicants who have not held registration in the Part A Register or an equivalent register in another province must obtain a conditional registration and complete the requirements as set out in section 8 of the Pharmacists and Pharmacy Technician Regulations which include:

- a) Completion of 140 hours of practice experience under the supervision of a preceptor for every year the applicant has not held registration in the Part A Register or*
- b) Completion of 280 hours of practice experience under the supervision of a preceptor and completion of the PEBC Qualifying Exam within one year of the application*

Applicants must also show proof of completion of the following:

- a) Completion of 20 CEUs*
- b) Liability insurance in accordance with section 21 of the Pharmacists and Pharmacy Technician Profession Regulations*
- c) Current CPR and First Aid*



PRINCE EDWARD ISLAND
COLLEGE OF PHARMACISTS

Member organization of National Association of Pharmacy Regulatory Authorities (NAPRA)

Once the application is received by the PEI College of Pharmacists, the College will contact the applicant to provide direction on next step of the application process.

Changing from Part A to Part B

Applicants transferring from Part A to Part B are only required to indicate their intentions and submit the application. Applicants opting to change from Part A to Part B at renewal time are not required to complete the application but indicate their selection during the renewal process in the member profile.

Application Fees

\$ 50.00 **Change from Part B to Part A**
Cash
Cheque
Email money transfer

Signature of applicant

Date

Send completed forms to: P.E.I College of Pharmacists, 375 Trans Canada Hwy, P.O. Box 208, Cornwall, PE COA 1H0 or by fax to (902) 628-6946 or scan and e-mail to info@pepharmacists.ca

For Office Use Only:

PEICP Signature _____

Date received _____

Fee included _____

Receipt number _____