



## APPLICATION FOR MEMBERSHIP

(Please Print)

Ms.  Mr. \_\_\_\_\_  
 Miss  Mrs.  Dr.      First Name      Usual Name      Middle Name(s)      Last Name  
 Previous Surname (Where Applicable) \_\_\_\_\_  Male  Female

P.O. Box/Apt #      Street Address      City      Prov      Postal Code  
 Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**MEMBER INFORMATION: (Check One):**     Practising     Non Practising     Associate     Retired

Primary Practice Site/Work Site and Location: \_\_\_\_\_

Alternate Practice Site/Work Site and Location: \_\_\_\_\_

I have Specialized Practice/Expertise in \_\_\_\_\_

I am certified to dispense EPC (Emergency Post-Coital Contraceptives)     Yes     No \_\_\_\_\_

I have completed the orientation for Level 1 Prescribing     Yes     No \_\_\_\_\_

### CONTINUING PROFESSIONAL DEVELOPMENT

I have met the Continuing Professional Development requirements as outlined in the SCP Regulatory Bylaws.

### MALPRACTICE INSURANCE

Attached is my signed declaration (Form 1) as per Bylaw 13(4)(d)(i)

### FEE

Fee \$ \_\_\_\_\_

Visa     Mastercard     Cheque

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|  
Credit Card Number

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|  
Expiry Date  
(Month/Year)

**CHEQUES MADE PAYABLE TO:**  
Saskatchewan College of Pharmacists

Authorization Signature \_\_\_\_\_

Print Cardholder Name \_\_\_\_\_

### DECLARATION

I, \_\_\_\_\_, make this application acknowledging my personal responsibility under the provisions of *The Pharmacy Act, 1996*, and Bylaws of the Saskatchewan College of Pharmacists and other legislation governing the practice of pharmacy and the sale of drugs. I also acknowledge that any false declaration made herein will invalidate my licence to practise pharmacy.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application

Office Use    Member # \_\_\_\_\_    Membership Class P \_\_\_\_\_    Conditional \_\_\_\_\_    Other \_\_\_\_\_    Effective Date \_\_\_\_\_  
 MP: PAS \_\_\_\_\_    Other \_\_\_\_\_    Receipt # \_\_\_\_\_    Batch # \_\_\_\_\_    Appr \_\_\_\_\_    Date \_\_\_\_\_