**EMPLOYMENT INFORMATION**

Employment Status: **PLEASE SELECT ONE:**
- ○ Employed in the Profession of Pharmacy
- ○ Employed in Other than the Profession of Pharmacy, Seeking Employment in the Profession
- ○ Employed in Other than the Profession of Pharmacy, Not Seeking Employment in the Profession
- ○ Unemployed and Seeking Employment in the Profession of Pharmacy
- ○ Unemployed and Not Seeking Employment in the Profession of Pharmacy

<table>
<thead>
<tr>
<th>Employment Site</th>
<th>Employment Category</th>
<th>Hours of Work per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name or if “Relief” or “Other”, indicate such (Not provided to CIHI)</td>
<td>Perm</td>
<td>Temp</td>
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<td><strong>Complete this Table</strong></td>
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* Employment Category Information:
- **Permanent Employee:** Permanent, indeterminate duration of employment; guaranteed or fixed hours/wk.
- **Temporary Employee:** Temporary, fixed duration of employment, based on defined start and end date; guaranteed or fixed number of hours/wk.
- **Casual Employee:** Employment is on as-needed basis, with employment not characterized by a guaranteed or fixed number of hours per week.
- **Self Employed:** Engaged independently in profession operating own economic enterprise. May be the working owner of incorporated or unincorporated business or professional practice; or be in an agreement(s) where the self-employed individual agrees to perform specific work for a payer in return for payment.

**EDUCATION INFORMATION**

**ENTRY TO PRACTICE PHARMACY EDUCATION / UNIVERSITY** The institute where the basic education program was undertaken to prepare for practice. This refers to initial education in pharmacy undertaken, in whole or in part, for consideration of licensure as a pharmacist in Canada. Masters and Doctorate credentials are only identified as "Initial Education in Pharmacy" if the education permitted direct to entry to practice (e.g. Entry-Level PharmD)

**University Name:**

**Entry to Practice Education:** BSP __________ BSc.Pharm __________ PharmD __________

**ADVANCED EDUCATION** Highest other postsecondary education achieved in pharmacy which resulted in a degree (this includes any post-basic pharmacy education leading to a degree).

**University Name:**

**Advanced Education:** Masters __________ PharmD __________ PhD __________

**SUBMIT WITH MEMBERSHIP APPLICATION**