



# APPLICATION FOR DESIGNATION AS MEMBER EMERITUS

(Please Print)

## **PERSONAL INFORMATION**

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

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

## **MEMBERSHIP**

Any member on the Retired Register may be designated as a 'Member Emeritus' of the College and may use the designation 'Member Emeritus Saskatchewan College of Pharmacists' or 'MESCP' if they can declare the following:

- a) I have been a Practising or Non Practising member continually in good standing with the Saskatchewan College of Pharmacists or other regulatory body for pharmacists for at least 25 years:

\_\_\_\_\_ (Please Specify Regulatory Body)

- b) I have not been found guilty of professional misconduct or professional incompetence;
- c) I understand that my name must remain on the Retired Register of the SCP;
- d) I ask that my designation be confirmed by the Awards Committee of the Saskatchewan College of Pharmacists.

**NOTE:** Where a member is ineligible pursuant to clause (b) herein, Council may, upon receipt of a written request giving reasons, determine that the member is eligible to be designated as a "Member Emeritus".

**DECLARATION:** I, \_\_\_\_\_, make this application acknowledging my personal  
(Full Name)  
 responsibility under the provisions of *The Pharmacy Act, 1996*, and Bylaws of the Saskatchewan College of Pharmacists. I also acknowledge that any false declaration made herein will invalidate my eligibility to be designated Member Emeritus of the Saskatchewan College of Pharmacists.

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

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

**PLEASE ENSURE THAT YOU HAVE COMPLETED THE ENTIRE APPLICATION FORM**

SCP Office Use    Member # \_\_\_\_\_ Retired Member Emeritus \_\_\_\_\_ Effective Date \_\_\_\_\_  
 Approved \_\_\_\_\_ Date \_\_\_\_\_