Application for Provisional Register  
Canadian University Students

Checklist

☐ Signed copy of this checklist

☐ Application form

☐ Endorsed copy of one of the following:  
(to endorse a copy, the guarantor writes, “I certify this is a true copy” on the document and signs the copy)
1. Canadian birth certificate
2. Canadian passport
3. Canadian citizenship card
4. Canadian permanent resident Card
5. Canadian work visa

☐ Completed guarantor form – page 3. If using a commissioner for oaths, notary public or lawyer to endorse documents this form is not required.

☐ Original copy of criminal record check – not more than 6 months old. ACP recommends the use of BackCheck for obtaining a criminal record check. Please use the following link (http://www.backcheck.ca/pharmacists-ab/) to begin the process. Choose the Enhanced Police Information Check option as ACP will not accept the Canadian Criminal Record Check only

☐ A letter from a Canadian or U.S. university stating enrollment in a pharmacy degree program

☐ 1 endorsed passport sized photo.  
(to endorse a photo, the guarantor writes, “I certify this is a true likeness” on the back of the photo and signs it)

☐ 2 letters of character reference. Letters of character reference must be written within the last 12 months and can be written by anyone except family members. The letters should be written by someone who has known you for at least one year. Letters must include the name, contact information and signature of the person providing the reference; a statement about how long the person has known you and in what capacity they have known you; and a statement about your character.

☐ Copy of name change or marriage certificate – if name on any document is different from legal name.

☐ Payment – see page 4 of the application

☐ Once the application has been received in the ACP office allow 7 – 10 business days (not including weekends) for processing. Due to volume ACP cannot confirm receipt of applications. You will be advised via email once the application has been processed or if there are problems with the application

I have reviewed this checklist and have included all required material with my application.

_______________________________________________   _____________________________  
Applicant’s signature       Date

Alberta College of Pharmacists ■ 1100-8215 112 St. NW. Edmonton, AB T6G 2C8 ■ Tel (780)990-0321 or (877)227-3838 ■ Fax (780)990-0328
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Personal Information

First name          Middle name                         Surname                  Gender

Mailing address:                                                                                          Phone: ____________________________
City / Town                          Province                  Postal code

Date of birth (day/month/year)  Place of birth (country)

Education – Pharmacy Degree

University Currently Attending:  ______________________________________________________________

Current Year (completed or eligible to complete) ☐ 1st  ☐ 2nd  ☐ 3rd  ☐ 4th  ☐ 5th

Anticipated date of graduation:  ______________________________________________________________

Disclosure of Personal Information

ACP is responsible for maintaining and protecting the personal information you have provided. In some situations, legislation requires and/or authorizes ACP to collect and use or disclose your personal information; other situations require your consent.

ACP allows you to make your personal consent choices on your ACP registration profile page (https://acp.alinityapp.com/webclient/). Please log on and select your consent choices. If no selection is made, ACP will assume you consent to release your information for all approved purposes.

ACP’s Privacy of Personal Information Policy can be viewed in full at www.pharmacists.ab.ca

I declare that all of the information on this application or any information supplied in support of this application is true to the best of my knowledge.

_______________________________________________   _____________________________
Applicant’s signature       Date
Guarantor Information and Declaration

Duties of a guarantor

Your guarantor must perform the following tasks **free of charge**:
1. Certify the information on your application form by completing and signing the *Declaration of Guarantor* portion of this form. Completed form must be submitted to ACP with the application package.
2. Write on the back of the photo, "I certify this to be a true likeness of (your name)" and sign and date.
3. Write on the back of any photocopies to be certified, "I certify this to be a true copy of the original document" and sign and date.

Eligible guarantors

Your guarantor must:
1. be a Canadian citizen residing in Canada and must be accessible to the Alberta College of Pharmacists for verification. Relatives may act as guarantors if they are a Canadian citizen residing in Canada.
2. have known you personally for at least **two years**.
3. hold a current Canadian passport

If you do not know an eligible guarantor, as outlined above, all documents must be signed by a commissioner for oaths, notary public or lawyer. If signed by a commissioner for oaths, notary public or lawyer this form is not required. All documents must bear appropriate seal or appropriate license/registration number of the commissioner for oaths, notary public or lawyer.

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**Declaration of Guarantor**

Guarantor’s surname (please print) ________________________

Given name(s) ______________________________________

Occupation ____________________________

Cdn Passport Number ______________________

Email address ____________________________

Business telephone number ______________________

Home telephone number ______________________

Cellular number (optional) ______________________

**Declaration**

I declare that I am a Canadian citizen who holds a valid Canadian passport and, to the best of my knowledge and belief, all of the statements made in this application are true. I have known the applicant personally for at least two years and have certified on the back of the photo that the image is a true likeness of the applicant. If applicable, I have also certified on the photocopies of supplementary documentation that, to the best of my knowledge, the photocopy is a true likeness of the original.

Signature of guarantor ________________________

Date ________________________

Signed at (city and province) ________________________
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Payment Information

(Applicant’s name – please print)

REGISTRATION FEES

Registration Fee $536.00
G.S.T. (5%): $26.80
Total $562.80

Method of Payment

☐ Cheque enclosed
  ♦ Make cheque payable to the Alberta College of Pharmacists.

☐ Visa / MasterCard
  ♦ Ensure you record your credit card number accurately
  ♦ Check your expiry date to ensure it is valid

|___|___|___|___|     |___|___|___|___|     |___|___|___|___|   |___|____|____|___|
Card number

|___|___|___|
Expiry date

Name as it appears on the credit card: ____________________________________________________
Please print clearly

The name of the individual whose name appears on the card must be provided.

Cardholder’s signature: ______________________________  Date: ______________________________

Printed Name: _______________________________________________________________________

Cardholder’s phone #: ______________________________  Cell: ______________________________
Area code-phone #    Area code-phone #

Please return completed application to: Alberta College of Pharmacists
1100-8215 112 St. NW
Edmonton, AB T6G 2C8
Ph: (780) 990-0321  Toll-Free: 877-227-3838  Fax: (780) 990-0328

For Office Use Only  Date Transaction Processed: ________________________________