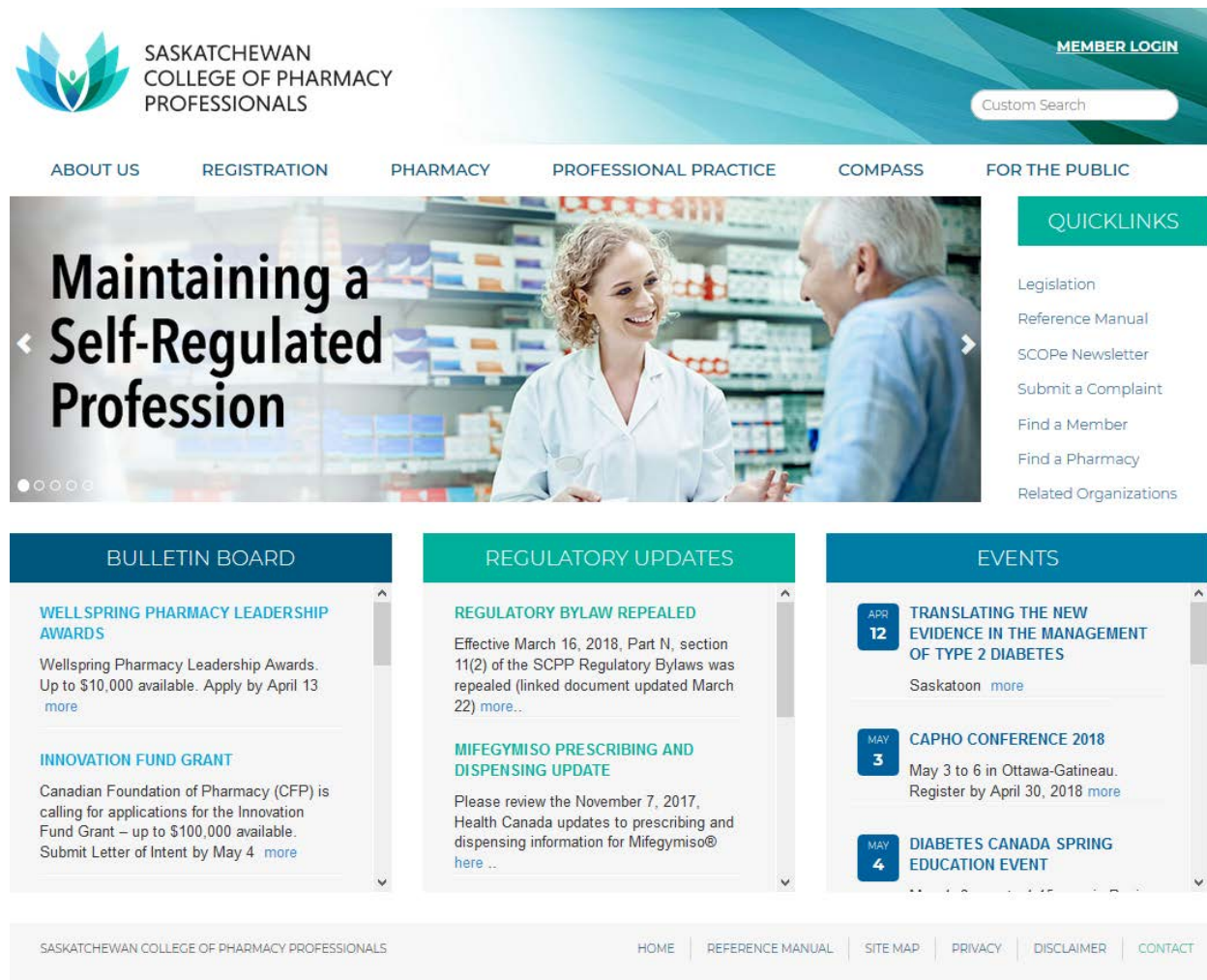


Intern Online Application for Registration Instructions for Pharmacists

SCREEN 1

Below is an image of the Saskatchewan College of Pharmacy Professionals (SCPP) website homepage (www.saskpharm.ca). On the top right hand side of the page, select “MEMBER LOGIN” to access your profile.



SCREEN 2

Log-in using your user name and password supplied by SCPP.



Existing Members please Login

User Name

Password

Remember me for 1 month

Login

Forgot your password? [Click here](#) to restore it

SCREEN 3

Your name should appear within the first red box. Select "Intern Application Form".

Student Portal

MEMBERSHIP INFORMATION

Audrey Solie

Membership #

Category:

Personal Address: 700 - 4010
Pasqua St
Regina, Saskatchewan S4S 7B9
Canada

Home Phone:

Email: audrey.solie@saskpharm.ca

APPLICATIONS

Application for Registration and Membership

INVOICES

[View all](#)

PROFILE SETTINGS

- [View/Edit My Profile](#)
- [Change my login information](#)
- [Report Address Change](#)
- [Report Workplace Change](#)
- [Report Name Change](#)
- [Library](#)
- [Logout](#)

MEMBERHOME

Welcome, Audrey TEST Solie,
to Your SCPP Member Homepage!

From here you may submit various application forms and submit changes to your personal profile including employment, personal mailing address and email address.

ONLINE INTERN APPLICATION


Audrey TEST Solie:

To register as an INTERN with the Saskatchewan College of Pharmacy Professionals, please click on the application LINK BELOW. Please note that SCPP must also receive the required "2 reference Letters" (as per requirements) and your College's "Confirmation of Enrolment". If you have any questions please email info@saskpharm.ca

[Intern Application Form](#)

SCREEN 4

Your profile with SCPP will appear. Please complete/edit all of the required information. Click “next” to continue.



SASKATCHEWAN
COLLEGE OF PHARMACY
PROFESSIONALS

MEMBERHOME LOGOUT

Google Custom Search

ABOUT US REGISTRATION PHARMACY PROFESSIONAL PRACTICE COMPASS FOR THE PUBLIC

INTERN APPLICATION - PERSONAL INFO

Salutation

First Name - Audrey TEST

Last Name - Solie

Usual Name - Audrey

Middle Name(s)

Initials (First name and Middle name separated by a period) - A. N.

Maiden Name

Gender

Birth Date

PERSONAL ADDRESS

Address Line 1 700 - 4010 Pasqua St

Address Line 2

City Regina

Country Canada

Province/State Saskatchewan

Postal/Zip S4S 7B9

Home Phone

Mobile Phone

Email audreysolie@saskpharm.ca

Current Membership Type

PRESCRIBING OF DRUGS - Regulatory Bylaws PART K

Prescriptive Authority (Level 1 is a Requirement of Practising membership)

Level 1 Prescribing Authority Training * No

Minor Ailments Prescribing (Condition M)

Minor Ailments Prescribing Training No

Emergency Post-Coital Contraception (EPC) (Condition E)

EPC Training Completed No

P/O Training Date

P/O Training Expiry Date

C/A Training Date

C/A Training Expiry Date

Login Information

Username - audreysolie

Password

Password Confirmation

Next Cancel

SASKATCHEWAN COLLEGE OF PHARMACY PROFESSIONALS REFERENCE MANUAL SITE MAP PRIVACY DISCLAIMER CONTACT Powered by initouch

SCREEN 5

Confirm the requirements needed for your letters of reference. You may download your reference letters to this application or email/fax them to our office.



INTERN APPLICATION - ADDITIONAL INFORMATION

Applying for *

Reference Letters

I confirm that my reference letters have met / will meet the following requirements:

- Contain contact information for the reference Yes No
- Certify that I am a person of good moral character and that the reference has known me for at least two years Yes No
- Contain a current date Yes No

Reference Letters may be emailed to info@saskpharm.ca, faxed to 306-584-9695 or uploaded below

Reference Letter 1 No file selected.
Reference Letter 2 No file selected.

References are being Uploaded? * Yes No

References are being/have been Emailed/Faxed to SCPP? * Yes No

SCREEN 6

The Confirmation of Enrolment form is available from your University of Saskatchewan online student account. This form can be sent directly to the SCPP from the U of S.

Type your name in the "Signature" field and as well as the current date in the "Signing Date" Field. Click "next" to continue.

SASKATCHEWAN COLLEGE OF PHARMACY PROFESSIONALS MEMBERHOME LOGOUT
Google Custom Search

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INTERN APPLICATION - ADDITIONAL INFORMATION

Confirmation of Enrolment

A confirmation of enrolment is available from your University of Saskatchewan online student account. Upon your request this facility will submit the form directly to the SCPP office.

Intern Registration Fee

Application Fee * Pharmacist Intern: \$120.00 (plus tax)

I hereby make application for registration as an Intern under *The Pharmacy and Pharmacy Disciplines Act* of Saskatchewan and the Bylaws of the Saskatchewan College of Pharmacy Professionals.

Signature * as

Signing Date * 10/04/2013

Back Next Cancel

SCREEN 7

This page is a review for all of your updated information. You will need to use the right side slider to scroll down the page to check all of the information.

If you need to correct anything, select “Back” at the bottom of the page. If everything is correct, select “Next” to continue.

SASKATCHEWAN COLLEGE OF PHARMACY PROFESSIONALS MEMBERHOME LOGOUT
Google Custom Search

ABOUT US REGISTRATION PHARMACY PROFESSIONAL PRACTICE COMPASS FOR THE PUBLIC

INTERN APPLICATION - REVIEW

Salutation

First Name * Audrey TEST

Last Name * Solie

Usual Name * Audrey

Middle Name(s)

Initials (First name and Middle name separated by a period) * A. N.

Maiden Name

Gender

Birth Date

Personal Address 700 - 4010 Pasqua St Regina, Saskatchewan, S4S 7B9, Canada

Home Phone

Mobile Phone

Email audrey.solie@saskpharm.ca

Current Membership Type

PREPARING OF DRUGS Prescription Review PART 1

Back Next Cancel

SCREEN 8

Payment page: If you wish to pay by secure credit card, complete the necessary information and select “Pay Now” to submit payment. If you wish to send a cheque to the College office, select “Invoice Me”. An invoice will be generated; print the invoice and submit payment with the copy of the invoice.

SASKATCHEWAN COLLEGE OF PHARMACY PROFESSIONALS MEMBERHOME LOGOUT
Google Custom Search

ABOUT US REGISTRATION PHARMACY PROFESSIONAL PRACTICE COMPASS

FOR THE PUBLIC

PAYING ONLINE BY CREDIT CARD

Secure credit card payment VERIFIED & SECURED
This is a secure 256-bit SSL encrypted payment

Credit Card Number: * VISA MASTERCARD
Card Validation Code (final group of numbers printed on the back signature panel of the card): *
Expiration Month / Expiration Year: * 01 / 2017
Card Holder Name: * Audrey TEST Solie
Email: *
Phone: *

ADDRESS INFORMATION

Address Line 1: * 700 - 4010 Pasqua St
Address Line 2:
City: * Regina
Country: * Canada
Province/State: * Saskatchewan
Postal/Zip: * S4S 7B9

Application Fee - \$120.00 Pharmacist Intern (plus tax):	\$120.00
GST on \$120.00:	\$6.00
Total:	\$126.00

PAYING OFFLINE BY CHEQUE/DEBIT

SASKATCHEWAN COLLEGE OF PHARMACY PROFESSIONALS | REFERENCE MANUAL | SITE MAP | PRIVACY | DISCLAIMER | CONTACT | Powered by inTouch

You will receive an Official Receipt along with your SCPP Intern Certificate once all the requirements have been successfully submitted to the SCPP.
