



# Pharmacy Technician Intern Online Application for Registration Instructions

#### SCREEN 1

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



Log in using the username and password given to you by SCPP.

S. C P	ASKATCHEWAN OLLEGE OF PHARMACY ROFESSIONALS			f 9 in	Custom S	MEMBER LOGIN
ABOUT US	PUBLIC PROTECTION	REGISTRATION	PHARMACY	PROFESSIONA	L PRACTICE	COMPASS
		USER NAME				
		PASSWORD		۲		
			DGIN			
		FORGOT YOUR PASS	WORD? CLICK HERE	то		
			ME FOR 1 MONTH			

#### **SCREEN 3**

Your name should appear under "Student Portal." Select "Intern Application Form" in the red box.

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ABOUT US PUBLIC PRO	TECTION REGISTRATION	PHARMACY PR	OFESSIONAL PRACTICE	COMPASS
			Stude	nt Portal
WELCOME, PELESHIA TEST DUBI	DAD, TO YOUR SCPP MEMBER HOME	PAGE!		
From here you may submit various applica	tion forms and submit changes to your personal p	rofile including employment, p	arsonal mailing address and email a	address.
MEMBERSHIP INFORMATION	ONLINE INTERN APPLICATION			
Peleshia Test Dubidad	Peleshia Test Dubidad:			
Membership #	To register as an INTERN with the Sask BELOW. Please note that SCPP must al	atchewan College of Pharmac	y Professionals, please click on the erence Letters" (as per requirement	application LINK nts) and your
Category:	College's "Confirmation of Enrolment"	". If you have any questions pl	lease email info@saskpharm.ca	,,
Personal Address: 100-1964 Park St Regina, Saskatchewan S4N 7M5 Canada		Intern Application F	form	
Home Phone: 306-584-2292				

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

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ABOUT US	PUBLIC PROTECTION	REGISTRATION	PHARMACY	PROFESSIONA	L PRACTICE	COMPASS
NTERN APPLICAT	TION PERSONAL INFO					
	Salutation	0		~		
	First Name +	Peleshia				
	Last Name +	Test Dubidad				
	Usual Name *	Peleshia				
	Middle Name(s)	(				
Initials (First name :	and Middle name only separated by a period)					
	Maiden Name					
	Gender	Female		~		
	Birth Date	₩ 08/21/2000				
		PERSON	AL ADDRESS			
	Address Line 1	100-1964 Park St				
	Address Line 2			_		
	City	Regina				
	Country	Canada		~		
	Province/State	Saskatchewan		~		
	Postal/7in	S4N 7M5		_		
	1 statut ante					
	Home Phone	306-584-2292				
Mob	bile Phone will be used for Two factor a	uthentication in the future.	Please make sure to provi	de a valid Mobile # on w	hich you can receive	SMS.
	Mobile Phone	+1 (306) 584-2292				
	Email	peleshia.dubidad@saskp	harm.ca			
	Current Membership Type					
P						
	Privacy Officer (P/O) Training Date					
	Privacy Officer (P/O) Training Date P/O Training Expiry Date					
	Privacy Officer (P/O) Training Date P/O Training Expiry Date P/O Certification Date (2019)					
	Privacy Officer (P/O) Training Date P/O Training Expiry Date P/O Certification Date (2019) P/O Update Date (2019)					
Comp	Privacy Officer (P/O) Training Date P/O Training Expiry Date P/O Certification Date (2019) P/O Update Date (2019) pass QI Coordinator Training Date					
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Confirm the requirements needed for your letters of reference. You may upload your reference letters to this application or email/fax them to our office.

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ABOUT US	PUBLIC PROTECTION	REGISTRATION	PHARMACY	PROFESSIONAL PRA	ACTICE COI	MPASS
INTERN APPLIC	ATION ADDITIONAL INFORMA	TION				
	Applying for *	Pharmacy Technician Intern	Ú(	~		
Reference Letters						
	I confirm th	nat my reference letters have me	et / will meet the followin	g requirements:		
Contain co	ontact information for the reference	○ Yes ○ No				
Certify that I an and that the refere	n a person of good moral character ence has known me for at least two years	○ Yes ○ No				
	Contain a current date	○ Yes ○ No				
	Reference Letters n	nay be emailed to info@saskpha	rm.ca, faxed to 306-584-	9695 or uploaded below		
	Reference Letter 1	REFERENE 1.DOCX	BROW	SE		
	Reference Letter 2	REFERENE 2.DOCX	BROW	SE		
	References are being Uploaded? *	• Yes O No				
References are	being/have been Emailed/Faxed to SCPP? *	O Yes 🖲 No				
		Back Next Cancel				

The Confirmation of Enrolment form is available from your Saskatchewan Polytechnic online student account. You will be receiving a notice from the College of Pharmacy and Nutrition with details on obtaining this form and how to submit it to <u>info@saskpharm.ca</u>.

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				6 9 60		HOME	LOGOUT
ABOUT US	PUBLIC PROTECTION	REGISTRATION	PHARMACY	́ Р	ROFESSIONAL	PRACTICE	CON	MPASS
INTERN APPLI	CATION ADDITIONAL INFORM	TION						
Confirmation of E	nrolment							
c	confirmation of Enrollment upload? *	• Yes O No						
Confirmatio	n of Enrollment are being/have been Emailed/Faxed to SCPP? *	🔾 Yes 💿 No						
C	onfirmation of Enrolment Document	CONFIRMATION OF ENRO	L.DOCX	BROWSE				
A confirmation	of enrolment is available from the School o	f Health Sciences at Saskatch Of	ewan Polytechnic. ffice.	Upon your r	equest this facility	will submit the form	directly t	to the SCPP
Intern Registration	n Fee							
	Application Fee *	Technician Intern Fee: \$84	.00 (plus tax)	Ŷ				
I hereby make ap	plication for registration as an Intern unde	r <i>The Pharmacy and Pharmacy</i> Profe	<i>v Disciplines Act</i> of ssionals.	Saskatchew	an and the Bylaws	of the Saskatchewa	n College	of Pharmacy
	Signature *	Peleshia Dubidad						
	Signing Date *	12/01/2021						
		Back Next Cancel						

This page is a review for all your updated information. You will need to use the right-side slider to scroll down the page to check all 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			f y in 🖂	Custom Search	LOGOUT
ABOUT US	PUBLIC PROTECTION	REGISTRATION	PHARMACY	PROFESSIONAL PR	ACTICE CO	MPASS
INTERN APPL	ICATION REVIEW					
	Salutation					^
	First Name *	Peleshia				
	Last Name *	Test Dubidad				
	Usual Name *	Peleshia				
	Middle Name(s)					
Initials (First na	me and Middle name only separated by a period)					
	Maiden Name					
	Gender	Female				
	Birth Date	08/21/2000				
	Personal Address	100-1964 Park St Regin	ia, Saskatchewan, S4N 7M	5, Canada		
	Home Phone	306-584-2292				
1	Mobile Phone will be used for Two factor a	uthentication in the future	. Please make sure to provide	e a valid Mobile # on which yo	u can receive SMS.	
	Mobile Phone	Back Next Cance	el			~

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.

PI	ROFESSIONALS	KMACY			f	V in 🛛 Custom Se	Custom Search		
ABOUT US	PUBLIC PROTE	ECTION	REGISTRATION	PHARMAC	Y F	PROFESSIONAL PRACTICE	COMPASS		
AYING ONLINE	BY CREDIT CARD								
NTERN APPLICATIO	IN SECURE PAYMENT								
Secure cred	it card payment bit SSL encrypted pay	t ment				URRHED & SECURED			
0	redit Card Number :*				100 <b>-</b>				
Card Validation numbers printed o	Code (final group of n the back signature panel of the card) :*								
Expiration Mon	th / Expiration Year :*	01	· / 2021	~					
	Card Holder Name :*	Peleshia Test	Dubidad						
	Email :*	peleshia.dub	idad@isaskpharm.ca						
BILLING ADDRESS									
	Address Line 1*	100-1964 Par	k St						
	Address Line 2								
	City*	Regina							
	Country-	Canada		¥					
	Province/State*	Saskatchew	an	Ŷ					
	Postal/Zip*	54N 7M5							
Application Fee	- \$ Technician Intern Fee (plus tax):	Ş							
	GST on \$	ŝ							
	Total:	s							
		\$ Pay Now							
AYING OFFLIN	E BY CHEQUE								
		Invoice Me							
		Back Car	cel						

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