

# **Pharmacist 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.



#### **SCREEN 2**

Registration

To retrieve your username and set up your password, click on CLICK HERE (left) and enter your 'mail.usask.ca' email address on the next page (right) to receive an email with instructions.



#### **SCREEN 3**

Log in at www.saskpharm.ca with your new credentials. Your name should appear within the first blue box. Select "Intern Application Form".

$\backslash$	<b>\</b>	Student Portal
WELCOME, PELESHIA TEST DUE	BIDAD, TO YOUR SCPP NEMBER HOMEPAGE!	
From here you may submit various applica	tion forms and submit changes to your presonal profile including employm	nent, personal mailing address and email address.
MEMBERSHIP INFORMATION	ONLINE INTERN APPLICATION	
Peleshia TEST		
Dubidad	Peleshia TEST Dubidad:	
Membership #	To register as an INTERN with the Saskatchewan College of Ph	narmacy Professionals, please click on the application LINK
Category:	BELOW. Please note that SCPP must also receive the required College's "Confirmation of Enrolment". If you have any quest	"2 reference Letters" (as per requirements) and your tions please email info@saskpharm.ca
Personal Address: 100-1964 Park St Regina, Saskatchewan S4N 7M5 Canada	Intern Applica	ation Form
Home Phone:		
Email:	APPLICATIONS	
INVOICES		
View all		
	J	
PROFILE SETTINGS		
View/Edit My Profile		
X Change my login information		
/ Report Address Change		
Z Report Workplace Change		
🖉 Report Name Change		
Library		
Cogout		

SCREEN 4 - Your profile will appear. Please complete/edit all the required information.

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ABOUT US	PUBLIC PROTECTION	REGISTRATION	PHARMACY	PR	OFESSIONAL PRACTICE	COMPASS
NTERN APPLIC	ATION PERSONAL INFO					
	Salutation	Mrs.		~		
	First Name *	Peleshia TEST				
	Last Name *	Dubidad				
	Usual Name *	Peleshia TEST				
	Middle Name(s)	[w		- 1		
Initials (First name	e and Middle name only separated	P.W.		=		
	by a period)					
	Maiden Name					
	Gender	Female		~		
	Birth Date	6(/12/1990		j)		
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	Postal/2/p Home Phone	306-584-4328				
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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.

	SASKATCHEWAN COLLEGE OF PHARMACY PROFESSIONALS			f y in 🛛 🚥	ICCOUT
ABOUT US	PUBLIC PROTECTION	REGISTRATION	PHARMACY	PROFESSIONAL PRACTICE	COMPASS
INTERN APPLI	CATION ADDITIONAL INFORM	ATION			
	Applying for *	Pharmacist Intern		*	
Reference Letters					
	I confirm tha	t my reference letters hav	e met / will meet the fo	llowing requirements:	
Contain c	ontact information for the reference	• Yes O No			
Certify that I a and that the refe	m a person of good moral character rence has known me for at least two years	🖲 Yes O No			
	Contain a current date	• Yes O No			
	Reference Letters ma	ay be emailed to info@sas	kpharm.ca, faxed to 3	06-584-9695 or uploaded below	
	Reference Letter 1	CHOOSE FILE	1	BROWSE	
	Reference Letter 2	CHOOSE FILE	ł	BROWSE	
	References are being Uploaded? *	Yes O No			
References are	e being/have been Emailed/Faxed to SCPP? *	O Yes 🖲 No			
		Back Next Cancel			

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 as well as the current date in the *Signing Date* Field. Click *Next* to continue.

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ABOUT US	PUBLIC PROTECTION	REGISTRATION	PHARMACY	PF	OFESSIONAL PRACTICE	COMPASS
INTERN APPLIC	CATION ADDITIONAL INFORM	ATION				
Confirmation of En	rolment					
Col	nfirmation of Enrollment upload? *	• Yes O No				
Confirmation	of Enrollment are being/have been Emailed/Faxed to SCPP? *	O Yes 🖲 No				
Con	nfirmation of Enrolment Document	CHOOSE FILE		BROWSE		
A confirmation of	enrolment is available from your Univ	rersity of Saskatchewan on SCF	line student accour PP office.	nt. Upon you	r request this facility will submit t	he form directly to the
Intern Registration	Fee					
	Application Fee *	Pharmacist Intern: \$166.0	0 (plus tax)	~		
l hereby make appl	ication for registration as an Intern ur	der The Pharmacy and Ph Pharmacy	armacy Disciplines Professionals.	Act of Saska	atchewan and the Bylaws of the Sa	askatchewan College of
	Signature *	Peleshia Dubidad				
	Signing Date *	08/12/2021				
		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 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.

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ABOUT US	PUBLIC PROTECTION	REGISTRATION	PHARMACY	PROFESSIONAL PRACTICE	COMPASS
INTERN APPLI	CATION REVIEW				
	Salutation	Mrs.			<u>^</u>
	First Name *	Peleshia TEST			
	Last Name *	Dubidad			
	Usual Name *	Peleshia TEST			
	Middle Name(s)	W			
Initials (First name	e and Middle name only separated by a period)	P. W.			
	Maiden Name				
	Gender	Female			
	Birth Date	06/12/1990			
	Personal Address	100-1964 Park St Regina,	Saskatchewan, S4N 7M	5, Canada	
	Home Phone	306-584-4328			
Mobile	Phone will be used for Two factor auth	nentication in the future. Pl	ease make sure to provid	le a valid Mobile # on which you can rece	ive SMS.
	8.8-L:1- F1L	Back Next Cancel			•

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 PH PROFESSIONALS	ARMACY			f y in Customs	icerch
ABOUT US PUBLIC PROT	TECTION	REGISTRATION	PHARMACY	PROFESSIONAL PRACTICE	COMPASS
PAYING ONLINE BY CREDIT CAP	RD				
NTERN APPLICATION SECURE PAYMEN	т				
Secure credit card paymer his is a secure 256-bit SSL encrypted pa	n <b>t</b> syment			VERIFIED & SECURED	
Credit Card Number :	•		-	-	
Card Validation Code (final group of numbers printed on the back signature panel of the card) : '	[				
Expiration Month / Expiration Year : *	01	✔ / 2021	*		
Card Holder Name :	Poleshia TES	T Dubidad			
Email:	peleshia.dub	oldad (Bsaskpharm.ca			
BILLING ADDRESS					
Address Line 1	100-1964 Pa	'k St			
Address Line 2	1				
City '	Regina				
Country -	Canada		~		
Province/State *	Saskatchew	an	~		
Postal/Zip*	54N 7M5				
Application Fee - \$ Pharmacist Intern (plus tax)	S				
GST on \$	S				
Total	5				
	\$ Pay Now				
ATING OFFLINE BY CHEQUE					
	Invoice M	e			
	Back Ca	ncel			

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