



Temporary Practising Licence Application Form

In an effort to prepare for a potential surge in the number of COVID-19 cases in Saskatchewan and the heavy burden this will place upon the health care system, the Saskatchewan Ministry of Health **may** call upon retired, associate and non-practising members of the profession as well as members who may have previously terminated their membership to return to practice temporarily. The conditions and under what capacity retired, associate, non-practising and former members may be asked to practise has yet to be determined.

The SCPP Regulatory Bylaws enacted April 17, 2020 established the following criteria to receive a temporary practising licence:

- The member must have held a practising licence within the past three years;
- The member must have been in good standing upon conversion or termination of their practising licence; and
- The member must not have had any ongoing complaints investigation or discipline determinations at the time of conversion or termination of their practising licence.

For more information on the criteria for a temporary practising licence please see the [Emergency Registration and Licensure – Supplemental Policy](#).

Candidates who do not fulfill the criteria may be considered for non-regulated roles within the profession of pharmacy or in other areas of high demand in the health care system. All retired, associate and non-practising members of the profession as well as members who may have previously terminated their membership are encouraged to complete the application form for consideration.

Continuing education requirements are waived for applicants for a temporary practising licence, however it is advised that all members be familiar with the information on the [SCPP COVID-19 web page](#).

Name:

Former member number (if available):

Address:

Phone number(s):



Email:

Date of availability to commence practice:

Last place of employment:

Last date of employment:

I, _____ (name) understand the information provided in this form may be provided to the Government of Saskatchewan, the Saskatchewan Health Authority, or other designated agency for the purpose of developing a database of emergency healthcare professionals to call upon should the need arise. I provide my consent to the Saskatchewan College of Pharmacy Professionals to provide this information to the Government of Saskatchewan, the Saskatchewan Health Authority, or other designated agency for this purpose. I also understand that I may be contacted by to obtain more information about my suitability to resume practising.

Signature:

Date:

Submit your completed application form to the Saskatchewan College of Pharmacy Professionals by either email, fax, or regular mail.

Email: info@saskpharm.ca

Fax: 306-584-9695

Mail: Saskatchewan College of Pharmacy Professionals
Suite 100-1964 Park Street
Regina, SK S4N 7M5

For questions please contact info@saskpharm.ca or call 306-584-2292.