



Application for Qualifying Examination, Part II (OSCE)

FOR OFFICE USE
PEBC IDENTIFICATION#: _____

Mail to:

The Pharmacy Examining Board of Canada, 717 Church Street, Toronto, ON Canada M4W 2M4

1. Read the Information Booklet **before** completing this application.
2. All information must be clearly **printed** or typewritten.

Please complete and submit checklist on page 2 below.

Surname/Family Name: Ms. Miss Mrs. Mr.

Given Names:

Former Surname (If applicable, e.g. maiden name):

Mailing/Street Address:

City: _____ **Province:** _____

Country: _____ **Postal Code:** _____

Area Code & Telephone Number:

Area Code & Fax Number and/or Cell Phone Number (if applicable):

Email:

Date of birth (day / month / year):

If you have a PEBC Identification Number please print it below:

Specify pharmacy degree awarded or expected and dates of study:

| University | Study Dates From/To | Name of Degree(s) |
|------------|---------------------|-------------------|
| | / | |
| | / | |

I wish to take the examination (Part II - OSCE) in:
(Check one session and specify year)

Spring 20 _____

Fall 20 _____

I wish to take the exam in: English French

Location: Choose from centres in Information Booklet according to specific Spring or Fall locations (city):

1st choice: _____ **or**

2nd choice: _____ **or**

3rd choice: _____

Three different choices MUST be stated.

I wish my Certificate to be printed in: English French

Certification Statements

I hereby certify that all the information given in this application is true and accurate and that the photographs enclosed are recent photographs of myself (within twelve months).

I understand that falsification of this application, submission of falsified documents to The Pharmacy Examining Board of Canada, (hereinafter referred to as "the Board"), submission of falsified Board documents to other agencies, giving or receiving of assistance in answering test-items during the examination, access to test-items before or after the examination, reproduction of examination content in any manner, and/or disclosure of test-items to others, or a violation of law as stated in the Pharmacy Examining Board of Canada By-Laws, Sections 20.4 and 20.5 may be sufficient cause for the Board to bar me from the examination, to terminate my participation in the examination, to invalidate the results of the examination, to withhold my results, to bar me from future examinations, to remove my name from the Register or to take appropriate action as it sees fit, including cost recovery for all damages. If any of the events previously mentioned in this paragraph occur, I understand that any document giving the results of my examination which has been issued by the Board will be invalid and that it will be returned by me to the Board forthwith, on demand.

I will conduct myself in a professional manner when interacting with the Board and examination staff before, during and after the examination.

If any document giving the results of my examination has been issued otherwise in error, I understand that the document is invalid and that I will return such document to the Board forthwith, on demand.

I understand that my results will be given on a pass or fail basis only.

I also understand that the accompanying fee cannot be refunded, except under special circumstances defined by the Board.

I hereby authorize the Board to divulge any information contained in this application, or information flowing from the results of my examination to any Canadian federal, provincial (including regulatory authorities) or education authority who, in the opinion of the Board, has a legitimate interest in such information.

Signature of Applicant

Signed before me at (city and date)

Witness (clearly print name)

Signature

Title/Profession

Glue one passport-acceptable photograph here.
Staple an additional identical photograph, with date taken stamped or written on the back by the photographer, to top left hand corner of application.

Seal, stamp or signature of witness must cover a portion of the photograph and application.

FOR OFFICE USE ONLY

Fee Paid

Date Paid

CR

Qualifying Examination - Part II (OSCE) Application Checklist

Please ensure that you have accurately completed all portions of your application form and enclosed the required documentation and payment. Use this list to check off each item box to show that item is complete on your application. Once your application form and this checklist are complete, please print your name and sign at the bottom, before sending it to PEBC.

- Current application form (either printed from our website or mailed to you recently)
- All personal information (current and accurate), including the following:
 - Surname/Family Name
 - Given Name/First Name
 - Former Surname (if applicable)
 - Complete mailing address
 - Telephone number (with area code)
 - Fax number and/or cell phone number (if applicable)
 - Email address
 - Date of birth
- PEBC Identification Number (if assigned previously)
- University and degree information
- Examination session (Spring or Fall and year)
- Preferred language for examination
- Preferred locations for examination (**3 different choices**), in order of preference, (from list found on PEBC website or in the Qualifying Examination Information Booklet)
- Preferred language for printing of certificate of qualification
- One passport-acceptable photograph glued in appropriate space (with seal or stamp or signature of your witness across the front) **and 1 additional, identical photograph** (with date taken stamped or written on the back by the photographer) stapled to the top left-hand corner of the application form. Photographs must have been taken within 12 months of examination date.
- Certification Statements read, understood and signed by candidate in presence of witness
- Candidate signature witnessed (including where and when signed), printed name and signature of witness and title or profession of witness
- Signed, witnessed copy of birth certificate or Canadian citizenship card (if not previously submitted)
- Cheque (drawn on a Canadian account) or Bank Draft or Money Order enclosed for the fee of \$1520.00 (Canadian funds), currently dated. All post-dated or stale-dated cheques will be returned. Please note that cheques will be cashed upon processing and may not be cashed at the time the application is received.

I confirm that all of the information above has been completed on my examination application form.

Candidate Name (please print)

Candidate Signature

PEBC ID# (if assigned)

THIS CHECKLIST MUST BE COMPLETED AND SIGNED BEFORE SENDING YOUR APPLICATION.