



FOR OFFICE USE ONLY:

PEBC IDENTIFICATION # \_\_\_\_\_

# Application for the Pharmacist Document Evaluation

**Mail to:**

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

All information must be clearly printed or typewritten.

Surname/Family:  Ms.  Miss  Mrs.  Mr.

Given Names:

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

Mailing 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)

## Academic Record

Include academic year and degree expected/received:

Faculty and University	Dates From/To	Degree(s)

## Licensing Record

Include academic year and degree expected/received:

Country	Licensing Body	Date Licensed

Date of expected entry into Canada: \_\_\_\_\_

Province of expected residence: \_\_\_\_\_

## Declaration

I hereby declare that all the information given in this application and in all documents submitted herewith is true and accurate and that the attached photograph is a recent photograph of myself (within one year). I also declare that I am the person referred to in the documents which are being submitted in support of this application.

I understand that falsification of this application, submission of falsified documents to The Pharmacy Examining Board of Canada, (hereinafter referred to as "the Board"), or submission of falsified Board documents to other agencies may be sufficient cause for the Board to bar me from the Evaluating Examination or to take appropriate action as it sees fit.

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

I declare I am not now, nor ever have been, suspended by my pharmaceutical association, nor have I ever been convicted of any breach of any pharmacy act or regulations or of any of the acts governing the practice of pharmacy. I have been engaged in the practise of pharmacy for \_\_\_\_\_ years.

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 to any authority who, in the opinion of the Board, has a legitimate interest in such information.

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

I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Signature of Applicant

Declared before me at (city and date)

Signature of Notary Public or Commissioner for Oaths or lawyer or Canadian Embassy

Attach one passport-acceptable photograph here.

Seal, stamp or signature of notary public, commissioner for oaths, lawyer or the Canadian Embassy must cover a portion of the photograph.

FOR OFFICE USE ONLY:

FEE PAID \_\_\_\_\_

DATE PAID \_\_\_\_\_

INITIAL \_\_\_\_\_

Doc0609