



FOR OFFICE USE ONLY:  
PEBC IDENTIFICATION #: \_\_\_\_\_

# Application for the Pharmacists Document Evaluation

**Mail to:**

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

All information must be clearly printed or typewritten.

Surname:  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**

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 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 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 size  
photograph here.

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

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FEE PAID

DATE PAID

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