EXAMPLE ONLY - Do NOT use as application

Attach one (1) passport-sized photo here with date taken stamped on the back

Application for the Pharmacists Evaluating Examination

FOR OFFICE USE ONLY:

PEBC ID#: _____

Do Not Write in this Space!

Mail to:
The Pharmacy [illegible]da, 717 Church Street, Toronto, Ontario M4W 2M4 (416) 979-2431
1. Read the *Eva[illegible]ating E[illegible]* booklet before completing this application.
2. All information must be [illegible]itten

Family Name as on Birth Certificate (or Marriage Certificate)

Given Names as on Birth Certificate

Name BEFORE Marriage if different from current Surname

Surname ☐Ms. ☐Miss ☐Mrs. ☐Mr.

Given Names

Former Surname (if applicable)

Address

Postal Code

Area Code & Home Telephone Number

Area Code, Fax Number (if applicable) **& cell Number**

Date of birth (day / month / year)

If possible, please supply an Email address

Email

EXAMPLE

Include degree received and/or current academic year and degree expected:

Faculty and University	Dates From/To	Degree(s)
	/	
	/	

I wish to take the examination in:_____ (city)
at the sitting being held:
(check one session and complete year)

G Winter 20__

G Summer 20__

I wish to write in English G **French** G

[illegible]ve you previously applied? Yes G **No** G

[illegible]YES, then give last PEBC ID number issued

Attach Photograph Here

Glue one passport size photograph here.

Staple one additional identical photo[illegible] to the top of the application.

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

Certification

I hereby certify 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 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"), or 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 stated in Section 12 of the Act 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. If any of the events previously mentioned in this paragraph occur, I understand that any document giving the result 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.

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 a 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 accompan[illegible]cumstances defined by the Board.

I hereby authorize the Board to divu[illegible], or information flowing from the results of my examination, to any Canadian federal, provincial or educational authority who, in the opinion of the Board, has a legitimate interest in such information.

Sign your name **in front of witness**

Do Not Write in this Space!

Witness signs in BOTH places

_____
Signature of Applicant

_____
Signed before me at (city and date)

_____
Signature of Notary Public or Commissioner for Oaths or Lawyer or Canadian Embassy

FOR OFFICE USE [illegible]LY

_____
FEE PAID

_____
DATE PAID

_____
CR