



Application for the Pharmacist Evaluating Examination

FOR OFFICE USE ONLY

PEBC ID# _____

Please complete and submit
checklist on page 2 below.

Mail to:

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

1. Read the *Evaluating Examination Information for Pharmacists* booklet **before** you complete this application.
2. All information must be clearly printed or typewritten.

Surname/Family Name: MS MISS MRS MR

Given Names: _____

Former Surname (if applicable, e.g. name before marriage): _____

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): _____

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 in: _____ (city).
at the sitting being held:

(Check one session and specify year)

- Winter 20 _____
- Summer 20 _____

I wish to write the examination in: English French

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

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 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 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.

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 educational 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) _____

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

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.

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Fee Paid

Date Paid

CR

eEval0109

Evaluating Examination Application Checklist for Pharmacists

Please ensure that you have accurately completed all portions of your application form. 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.

- Most 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

- University and degree information

- Preferred location (city) for examination (from list found on PEBC website or in the Evaluating Examination Information Booklet)

- Examination session (Summer or Winter and year)

- Preferred language for examination

- One passport-acceptable photograph glued in appropriate space (with seal or stamp or signature of the 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 section read, understood and signed by candidate in presence of witness

- Candidate signature witnessed (including where and when signed), by one of the following: Notary Public, Commissioner for Oaths, Lawyer or Canadian Embassy official

- Cheque (drawn on a Canadian account) or Bank Draft or Money Order enclosed for the fee of \$515.00 (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.