



Pre-Registration Form

Passport-sized photograph (taken in last 12 months) must be attached here

Please Type or Print

Social Insurance Number	OCP Registration Number (for office use only)
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Surname: Mr. Ms Mrs. Miss

Given Name(s) in full	Previous Surname (if applicable)
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Street Address	Apt. #	Have you previously registered with the Ontario College of Pharmacists? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, what is your OCP Number: _____
City	Province	

Postal Code	Phone	Fax
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Mobile	E-Mail
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Identity/Citizenship

Date of Birth (mm/dd/yy)	Country of Birth
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Canadian Citizens provide notarized copies or originals of one of the following: <input type="checkbox"/> Canadian Passport (page with photograph) <input type="checkbox"/> Canadian Birth Certificate <input type="checkbox"/> Canadian Citizenship Card (both sides)	Non-Canadian Citizens provide notarized copies or originals of the following: <input type="checkbox"/> Passport, and one of <input type="checkbox"/> Permanent Resident Card or Record of Landing <input type="checkbox"/> Valid Work Permit <input type="checkbox"/> Valid Study Permit
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Education

School of Pharmacy: _____

Have you graduated? No, currently an undergraduate Current Year of Study: _____
 Yes Degree/Diploma granted: _____ Month/Year of graduation: _____

Have you ever been licensed as a pharmacist outside of Ontario? Yes No

If yes, in what country/province/state were you licensed?
 _____ Year: _____ Current Status: _____
 _____ Year: _____ Current Status: _____

Please provide a letter from each licensing body to verify that you are/were licensed and have not committed any offenses (if applicable)

No Criminal Record

Submit a completed Affidavit of Good Character, signed by a Notary Public/Commissioner for Oaths and Affidavits or an Attorney at Law

Examinations - If you have passed (please indicate date examination was taken)

PEBC Evaluating Examination Date taken: _____

PEBC Qualifying Examination (MCQ & OSCE) Date taken: _____

OCP Jurisprudence Examination Date taken: _____

Fluency (if you are currently enrolled in a Canadian or US Faculty of Pharmacy, please proceed to "Fees")

For English fluency, provide passing scores on one of the following set of tests (passing score requirements in brackets)

- CanTEST (4.5 on each section – Listening, Reading, Writing, Speaking) or
- IELTS – Academic Module only (overall score of 7.0, no less than 6 on each section) or
- TSE (50) and MELAB (85)

OR

For French fluency, submit passing score on one of the following 2 sets (passing score requirements in brackets)

- TEST CAN (4.5 on each section – listening, reading, writing, speaking)
- Test of Business French (7 on oral, 2 on writing)

*Test scores must be sent directly to the Ontario College of Pharmacists from the testing institution, and are valid for 2 years

Please note that information regarding your eligibility to register with the College will be shared with all Faculty of Pharmacies as needed.

Fees

\$124.25 payment enclosed (\$118.33 + \$5.92 GST) **fees are subject to change without notice**

Cheque Cash Credit Card Money Order (for office use only)

Date of Application _____ Signature of Applicant _____