



PHARMACIST & PHARMACY TECHNICIAN QUALIFYING EXAMINATIONS NON-CERTIFICATION

INSTRUCTIONS

DO NOT SUBMIT THIS PAGE TO PEBC WITH YOUR APPLICATION

To complete the application process please follow these steps:

1. APPLICATION

Use the version of the application provided in the following pages – “Pharmacist & Pharmacy Technician Qualifying Examinations - Non-Certification”. This application is only available from your Provincial Regulatory Authority (PRA) and cannot be found on the PEBC website.

2. PRA INFORMATION

On the application, fill in the name of the PRA requiring the exam(s).

3. FEE PAYMENT

Pay the exam fee by submitting a bank draft, money order or Canadian certified cheque. You cannot pay online using a credit card.

4. INSTRUCTIONS

Visit www.pebc.ca and follow the instructions for the application type you are applying for in combination with the instructions provided here.



PHARMACIST & PHARMACY TECHNICIAN QUALIFYING EXAMINATIONS NON-CERTIFICATION

PEBC ID #: if previously assigned

PERSONAL INFORMATION


Salutation <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.		Surname(s)/Family Name(s)	
First Name & Middle Name(s) as they appear on your documents			
Former Name(s) prior to marriage or other legal name changes		Date of Birth dd/mm/yyyy	
Apt #, Street #, Street Name, P.O. Box #		City	
Province/State	Postal Code	Country	
Area Code & Cell # if applicable		Area Code & Home # if applicable	
Area Code & Work # if applicable		Email	

EXAM INFORMATION

Provincial Regulatory Authority requiring this exam:		
Select exam(s), sitting and specify year:		
<input type="checkbox"/> Pharmacist MCQ	<input type="checkbox"/> Spring (May) 20 ____	<input type="checkbox"/> Fall (Nov) 20 ____
<input type="checkbox"/> Pharmacist OSCE	_____	
<input type="checkbox"/> Pharmacy Technician MCQ	<input type="checkbox"/> Winter (Mar/Apr) 20 ____	<input type="checkbox"/> Summer (Sept) 20 ____
<input type="checkbox"/> Pharmacy Technician OSPE	_____	
Exam Location: choose from locations on PEBC website		
MCQ:		

OSCE/OSPE: list in order of preference		
1 st :	2 nd :	3 rd :
_____	_____	_____
Select exam language	<input type="checkbox"/> English	<input type="checkbox"/> French - for OSCE Montréal only OSPE Ottawa only
Request for confirmation letter for overseas travel (visa) purposes	<input type="checkbox"/> Yes	<input type="checkbox"/> No

FIRST PHOTO - CERTIFIED

<p>Photo must be taken within one year of exam date.</p> <p>maximum size: 50 mm x 70 mm</p> <p>Glue one passport acceptable photo here identical to photo on 2nd page</p> <p>minimum size: 35 mm x 45 mm</p>	<p>Witness stamp/signature must cover both front of photo and application.</p> <p>Example</p> 
--	--

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 of the examination date). I understand that falsification of this application, submission of falsified documents to The Pharmacy Examining Board of Canada, (hereinafter referred to as "the Board"), submissions 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 as stated in the Board's Rules of Conduct 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. I will conduct myself in a professional manner when interacting with the Board and examination staff before, during and after the examination. I have read and agree to follow PEBC examination policies, procedures and rules of conduct. **I hereby agree to take this examination as partial fulfillment of the requirements of the provincial regulatory authority requiring this examination.** I hereby authorize the Board to collect and use any information contained in this application for the purposes of examining and evaluating my application and examination results and to collect and use information about me from any third party source in support of such examination and evaluation. I hereby authorize the Board to disclose: any information contained in this application, any information collected or received by the Board from any source in connection with this application, and any information resulting from such examination and evaluation to any Canadian federal or provincial government, regulatory authority or investigative body, to any foreign government, regulatory authority or investigative body and to any test delivery provider or educational authority in any jurisdiction who, in the opinion of the Board, has a legitimate interest in reviewing such information.

Signature of Applicant:	Signature of Witness:
Witness Name: please print	
Witness Title / Profession:	
Signed before Witness at: city	on: dd/mm/yyyy

FOR OFFICE USE ONLY	
Processed	
Checked	



PHARMACIST & PHARMACY TECHNICIAN QUALIFYING EXAMINATIONS NON-CERTIFICATION

PEBC ID #:
if previously assigned

CHECKLIST

Use this checklist to review your application. Your application will not be accepted for this exam session unless all requirements are met by the stated deadline. Visit www.pebc.ca for complete information on each required item.

PHOTOS - Two identical photos taken within one year of the exam

- First photo glued to page 1 of application, signed/stamped by an acceptable witness
- Second photo stapled to this page of the application -----> with date taken written/stamped in English or French on back of photo

PAGE 1 OF APPLICATION

- All names, including middle names, entered exactly as they appear on your identification documents
- Email address clearly and correctly filled in, as email is PEBC's primary form of communication
- Exam(s) selected, sitting and year filled in
- Exam site(s) filled in. For OSCE/OSPE: three different exam locations have been filled in, in order of preference, unless exam in French
- All other required fields have been filled in
- You have signed the application in the presence of a witness from the acceptable witness list on the PEBC website
- Witness has filled in the city, date, name, profession, signed the application and signed/stamped the photo on page 1

IDENTIFICATION DOCUMENTS - Only required for first-time applicants or if your name has legally changed since your last application

- Certified identification: a copy of either your birth certificate, valid passport, Canadian Citizenship Card (both sides), Canadian Citizenship Certificate (both sides), Permanent Residence Card (both sides) or an original statutory declaration and copies of two pieces of supporting identification, have been signed and/or stamped on each page by an acceptable witness - see example ----->
- If your name has changed, a copy of your marriage certificate or change of name document has also been certified on each page by an acceptable witness

TRANSLATIONS

- If any document or witness information is in a language other than English or French, it has been translated by a government appointed, official translator and the original translation will be sent with the application

FEE

- A money order, bank draft or Canadian certified cheque, in Canadian funds, for the full exam fee or the balance owing if you have money on account with PEBC, has been made payable to PEBC, signed, currently dated and will be sent with the application

REFUND POLICY

- You have read and understand the PEBC withdrawal and refund policy found in the application instructions on the PEBC website

I confirm that all of the above requirements have been met. I understand that my application will not be accepted unless all requirements are met by the application deadline:

SECOND PHOTO - DATED

Date is written/stamped on back of photo.

Photo must be taken within one year of exam date.

maximum size: 50 mm x 70 mm

Staple one passport acceptable photo here identical to photo on 1st page

minimum size:
35 mm x 45 mm

CERTIFIED ID EXAMPLE

IDENTIFICATION DOCUMENT

COPY

Original Signature/Stamp of Witness

witness name,
title/profession
please print

Applicant Name: please print	Applicant Signature:
--	-----------------------------