



APPLICATION FOR STRUCTURED PRACTICAL TRAINING

APPLICANT INFORMATION

Ms Mrs Miss Mr Dr

Name

Last name (Surname)

First name

Other name(s)

Address

Tel (home)

Tel (work)

City

Province

Email

Postal code

Country

EMERGENCY CONTACT

Name

Tel (home)

Relationship

Tel (work)

PRE-TRAINING REQUIREMENT

- I am a registered applicant with the College of Pharmacists B.C.
- I have successfully met the English language proficiency requirement.
- I have attached an updated Employment Certification – to confirm that **my pharmacy related employment has changed** since the acceptance of my pre-registration with the College *(use form on page 2)*.

PAYMENT OPTION

Cheque/Money order *(payable to College of Pharmacists of BC)*

VISA MasterCard

Card # _____

Exp ____/____

Cardholder name _____

Cardholder signature _____

Fee	525.00
HST	<u>63.00</u>
Total	<u>\$588.00</u>

HST # R106953920

All fees are non-refundable and subject to HST.

I certify that the above information is correct.

Date

Applicant signature



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STRUCTURED PRACTICAL TRAINING**

Employment Certification

EMPLOYMENT INFORMATION

Applicant name _____

Employer name _____

Address _____

Tel _____ Fax _____

Position _____ Total hours worked _____

Start date _____ End date _____

EMPLOYER CERTIFICATION

I certify that the above employment information is correct.

Name _____

Position _____
Pharmacy Manager / Pharmacy Owner / Human Resources Manager

Date

Employer signature