



APPLICATION FOR OUTSIDE-OF-VANCOUVER EXAMINATION

(Jurisprudence Examination)

APPLICANT INFORMATION

Ms Mrs Miss Mr Dr

Name _____
Last name (Surname) First name Other name(s)

Address _____

City Province/State Postal code/Zip

Email _____
 Tel (work) _____
 Tel (home) _____

INVIGILATOR INFORMATION

Name _____
Last name (Surname) First name Other name(s)

* Address _____

City Province/State Postal code/Zip

Organization _____
 Title _____

* Mailing address for delivery of secure and confidential examination materials.

SITE INFORMATION

Site name _____

Site address _____

City Province/State Postal code/Zip

FEE / PAYMENT OPTION

Administration fee (select one)	<input type="checkbox"/> BC (outside Vancouver)	\$189.00	+	\$22.68 HST	=	\$211.68
	<input type="checkbox"/> Canada	\$199.50	+	\$23.94 HST	=	\$223.44
	<input type="checkbox"/> USA	\$210.00	+	\$25.20 HST	=	\$235.20

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

VISA MasterCard

Card # _____ Exp ____/____

Cardholder name _____

Cardholder signature _____

Total \$ _____

All fees are non-refundable and subject to HST.
HST # R106953920

APPLICANT DECLARATION

- I confirm that the invigilator is not in a perceived conflict of interest with me (i.e. s/he is not a spouse or significant other, a relative, friend, and/or co-worker).
- In addition to the fees above, I agree to pay for any other invigilator and/or site fees, if applicable.
- I understand that this application form and the invigilator's signed declaration form must be received by the college office before the exam application deadline.

_____ Date

_____ Applicant signature