APPLICATION FOR EXAMINATION APPEAL

APPLICANT INFORMATION

☐ Ms ☐ Mrs ☐ Miss ☐ Mr ☐ Dr

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

Address _____ Email _____

_____ Tel (work) _____

_____ Tel (home) _____
City *Province/State*

_____
Postal code/Zip *Country*

EXAMINATION

☐ JURISPRUDENCE EXAM (JE)

☐ KNOWLEDGE ASSESSMENT (KA)

☐ Other _____

PAYMENT OPTION

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

☐ VISA ☐ MasterCard

Card # _____ Exp ____/____

Cardholder name_____

Cardholder signature _____

Application fee	210.00
HST	25.20
Total	**$235.20**

HST # R106953920

All fees are non-refundable and subject to HST.

_____ _____
Date Applicant signature