

PROFESSIONAL DEVELOPMENT AND ASSESSMENT PROGRAM (PDAP)

Phase I - Assessment Option Change

PARTICIPANT INFORMATION

Ms Mrs Miss Mr Dr Reg # _____

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

Address _____ Tel (home) _____

_____ Tel (work) _____

_____ Email _____
City Province

_____ *Postal code Country*

CHANGE REQUEST

Please change my selected option to:

- Knowledge Assessment (KA)
- Learning and Practice Portfolio (LPP)

PAYMENT OPTION

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

VISA MasterCard

Card # _____ Exp ____/____

Cardholder name _____

Cardholder signature _____

Fee	50.00
GST	2.50
Total	\$52.50
GST # R106953920	

_____ Date

_____ Applicant signature