

PROFESSIONAL DEVELOPMENT AND ASSESSMENT PROGRAM (PDAP)

Phase III - Assessment Option

PARTICIPANT INFORMATION

Ms Mrs Miss Mr Dr

Reg # _____

Name

Last name (Surname)

First name

Other name(s)

Address

Tel (home) _____

Tel (work) _____

City

Province

Email _____

Postal code

Country

ASSESSMENT/EXAMINATION SELECTION

Please select one:

	<i>Fee</i>		<i>GST</i>		<i>Total</i>
<input type="checkbox"/> Knowledge Assessment (KA)	\$75.00	+	\$9.00	=	\$ 84.00
<input type="checkbox"/> Practice Audit (PA)	\$500.00	+	\$60.00	=	\$ 560.00

PAYMENT OPTION

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

VISA MasterCard

Card # _____ Exp ____/____

Cardholder name _____

Cardholder signature _____

Total \$ _____

HST # R106953920

REFUND POLICY

1. Fees are refundable if you provide written notice to the college office 3 weeks before the assessment/examination date.
2. Refunds are subject to a \$50.00 administration fee + \$6.00 HST = **\$ 56.00**.
3. Fees are non-refundable if you cannot attend on the scheduled date, and have not advised the college office. Special consideration will be given for:
 - Health reasons – doctor's note is required
 - Bereavement situations that occur less than 3 weeks before the assessment/examination date.

Date

Applicant signature