APPLICATION FOR OUT-OF-PROVINCE EXAMINATION
(Knowledge Assessment)

APPLICANT INFORMATION

☐ Ms ☐ Mrs ☐ Miss ☐ Mr ☐ Dr

Reg # *(if applicable)* _____

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

Address _____ Tel *(work)* _____

_____ Tel *(home)* _____
City Province/State Postal code/Zip

INVIGILATOR INFORMATION

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

* Address _____ Tel *(work)* _____

_____ Tel *(home)* _____
City Province/State Postal code/Zip

Organization _____ Title _____

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

SITE INFORMATION

Site name _____ Exam Date/Time _____

Site address _____ _____
City Province/State Postal code/Zip

FEE / PAYMENT OPTION

Administration fee			$100.00	+	$12.00 HST	= $112.00
Courier charges *(Select one)*	☐	Canada	$85.00	+	$10.20 HST	= $ 95.20
	☐	USA	$100.00	+	$12.00 HST	= $112.00

$ **112.00**

$ _____

Total $ _____

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

☐ VISA ☐ MasterCard

Card # _____ Exp ____/____

Cardholder name _____

Cardholder signature _____

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