APPLICATION FOR

STRUCTURED PRACTICAL TRAINING – PHARMACY TECHNICIAN

APPLICANT INFORMATION

☐ Ms ☐ Mrs ☐ Miss ☐ Mr ☐ Dr

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

Address _____ Tel (home) _____

_____ Tel (work) _____

_____ Email _____
City *Province/State*

_____
Postal code/Zip *Country*

EMERGENCY CONTACT

Name _____ Tel (home) _____

Relationship _____ Tel (work) _____

PRE-TRAINING REQUIREMENT

☐ I am pre-registered with the College of Pharmacists of B.C.

☐ I have successfully met the English language proficiency requirement.

PAYMENT OPTION

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

☐ VISA ☐ MasterCard

Card # _____ Exp ____/____

Cardholder name _____

Cardholder signature _____

Application fee	341.25
HST	40.95
Total	**$382.20**

HST # R106953920

All fees are non-refundable and subject to HST.

I certify that the above information is correct.

_____ _____
Date Applicant Signature