



Pharmacy Examining Board of Canada Information Kit Questionnaire

Please help us to better meet your information needs.

PEBC values your input, which will assist us in designing future communications materials. Please take a minute to complete the following questionnaire:

My Impressions:

- (1) I found this Information Kit:
Very Informative _____
Somewhat Informative _____
Not very informative _____

- (2) Based on the information contained in this Kit, my understanding of the PEBC, its role and programs is:
Significantly enhanced _____
Somewhat enhanced _____
Not at all enhanced _____

- (3) Additional information I would like to see included in the Kit (please specify):

My Status:

(check one)

- _____ Pharmacy Student
- _____ International Pharmacy Graduate
- _____ Practising Pharmacist
- _____ Academic Faculty Member
- _____ Pharmacy Regulator
- _____ Pharmacy Advocacy Group
- _____ Pharmacy Technician Student
- _____ Practising Pharmacy Technician
- _____ Pharmacy Technician Educator
- _____ Other (please specify) _____

Thank you for completing this questionnaire. Please submit your completed form to the Pharmacy Examining Board of Canada via fax to: 416-599-9244 or provide your comments via email to: pebcinfo@pebc.ca or by mail to: The Pharmacy Examining Board of Canada, 200-59 Hayden Street, Toronto Ontario M4Y 0E7.