



# The Pharmacy Examining Board of Canada

## Le Bureau des examinateurs en pharmacie du Canada

717 Church Street, Toronto, ON M4W 2M4 · Tel (416) 979-2431 · Fax (416) 599-9244 · www.pebc.ca

### PEBC QUALIFYING EXAMINATION – PART II (OSCE/OSPE) CANDIDATE'S AGREEMENT

You must read the *Candidate's Agreement* before exam day and sign one copy when registering for Part II at the exam centre.

**For arrival, I, the candidate, will:**

- arrive at the exam centre at the time specified on my PEBC *Admission Card*.

**At the end of the examination, I, the candidate, will:**

- complete and hand in my *Candidate Feedback Questionnaire*;
- hand in my *Candidate Notebook* with all pages intact, including the sheet of barcode labels with any unused barcode labels, and all other materials provided by the exam centre;
- not depart until I am dismissed from the exam centre by the Chief Administrator or designated exam personnel;
- leave the exam centre when dismissed and not re-enter.

**I, the candidate, acknowledge the following:**

- I will adhere to the rules of conduct stated in the *Candidate Rules of Conduct – Performance Exams (OSCE/OSPE)*. If I breach any rule, I may be subject to forfeiture of the examination, barred from future PEBC examinations and/or held responsible for damages and cost-recovery.
- I must record on the *Candidate Feedback Questionnaire* any incidents that occur during the examination that I feel affected my performance. If I require action or response from PEBC, I must notify PEBC in writing within 7 calendar days after the close of the examination. PEBC will not consider anything that I report after this time period.
- Examination stations and materials are the property of the Pharmacy Examining Board of Canada (PEBC), protected under copyright and property rights law, and may not be recorded, divulged, reproduced or relayed in any manner at any time.
- I must maintain examination confidentiality at all times after the examination by not discussing examination content with anyone, including other candidates. I will refer anyone who asks me for information about any aspect of PEBC examinations to PEBC or the PEBC website.
- My interactions in interactive stations may be videotaped for PEBC's use for quality assurance purposes.
- To ensure the integrity of the examination, I understand that electronic, metal or hazardous devices as well as items listed under *Prohibited Items* on the PEBC website are not permitted in the secure examination area.
- I agree that PEBC may electronically scan my person and personal belongings to detect the presence of prohibited devices and items and that PEBC may confiscate such devices at any time. Confiscated items are sent to PEBC for inspection and kept until any investigation is completed.
- PEBC reserves the right to inspect and search any confiscated item which includes reviewing emails, texts, documents, etc. stored on the device or through apps or services to which the device is connected or that the device may access. I will provide PEBC with any passcode(s) to unlock a confiscated device.
- I am obligated to report to the examination personnel or PEBC any improper conduct or violation of examination security witnessed or suspected, before, during and after the examination.
- A report may be made to PEBC, the registrar of the regulatory authority(ies) or legal authority(ies), as appropriate, of infringement of copyright and/or other breach of this binding agreement.

### \*\*\* COVID-19 ACKNOWLEDGMENT, WAIVER, AND RELEASE \*\*\*

**I, the candidate, acknowledge the following:**

- The examination is being held during the COVID-19 pandemic.
- As a result of COVID-19, the examination is being held in a modified form, including enhanced health and safety measures. PEBC will be continually monitoring the circumstances surrounding COVID-19 and assessing these health and safety measures, and PEBC reserves the right to make any additional modifications it deems appropriate in the circumstances up to and including on the date of the examination.
- As a condition of being permitted to attend at the examination centre and attempt the examination, I must complete the *COVID-19 Self-Assessment Questionnaire* below (and any other screening tests required by PEBC, the examination administrator, or the examination venue provider), and be considered low risk.
- I am aware of the risk factors for COVID-19 and have made a determination to proceed with taking the examination.
- By choosing to attempt the examination in the context of COVID-19, I am agreeing to these modified examination conditions. I cannot challenge or dispute these modifications during or after the examination, and the results of my examination cannot be challenged or disputed on this basis or any other reason related to COVID-19. This includes, but is not limited to, all requests for no standing, petitions, or appeals pursuant to PEBC's *Process for Handling Complaints, Concerns and Appeals*.
- PEBC, the examination administrator, and the examination venue provider (including their respective employees, representatives, and agents) will not be liable in any way for any injuries or adverse health impacts I may suffer as a result of attending at or attempting the examination.
- I must abide by all PEBC rules and directions, including but not limited to PEBC's COVID-19 specific measures.
- PEBC, the examination administrator, and the examination venue provider reserve the right to remove me as an examination candidate at any time, prior to or during the examination, should any of them determine, in their sole discretion, that I may be suffering from COVID-19 related symptoms or pose an undue risk to other candidates or examination personnel.



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### COVID-19 Self-Assessment Questionnaire

Tick (✓) "Yes" or "No" for each question. I, the candidate, confirm the following:

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| • Within the last 14 days, have you traveled outside of Canada or had close contact with anyone who travelled outside of Canada?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Within the last 14 days, have you provided care or had close contact with a person with COVID-19 (probable or confirmed) while they were ill and you did not have appropriate PPE? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Has any public or occupational health group instructed you to self-isolate for a time period that includes today (exam day)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you currently have one or more of the following symptoms without an explanation?  | <input type="checkbox"/> | <input type="checkbox"/> |
| o temperature equal to or over 38°C;   |                          |                          |
| o fatigue or weakness;   |                          |                          |
| o new loss of smell or taste;  |                          |                          |
| o new or worsening cough;  |                          |                          |
| o feeling feverish;  |                          |                          |
| o gastrointestinal symptoms (abdominal pain, diarrhea, vomiting);  |                          |                          |
| o shortness of breath or difficulty breathing;   |                          |                          |
| o muscle or body aches;  |                          |                          |
| o feeling very unwell;   |                          |                          |
| o chills; or   |                          |                          |
| o headache   |                          |                          |

I, the candidate, consent to the following:

- PEBC, the examination administrator, and/or the examination venue provider (including their respective employees, representatives, and agents) may collect my personal information, including my responses to the above COVID-19 Self-Assessment Questionnaire, for the purpose of safely administering the examination in the context of COVID-19 and protecting the health and safety of candidates and examination personnel.
- PEBC, the examination administrator, and/or the examination venue provider (including their respective employees, representatives, and agents) may use or disclose my personal health information as may be reasonably necessary to accomplish these objectives. My personal health information will not be used or disclosed for other purpose.

I, the candidate, agree to the following:

- I am voluntarily choosing to attempt the examination in its modified form, and hereby waive any right to dispute or challenge the results of the examination for reasons relating to these modifications or to COVID-19. For greater certainty, the modifications in the examination process and any stress or any other personal impacts relating to COVID-19 or taking the examination in this modified form will not be considered legitimate grounds for a request for no standing, petition, or appeal of my examination results.
- I assume all risk and liability related to my attendance at the examination centre and attempting the examination, and I hereby release PEBC, the examination administrator, and the examination venue provider (including their respective employees, representatives, and agents) from all claims of any kind relating to COVID-19 or this examination, including but not limited to any adverse health impacts, physical or otherwise, that I may suffer as a result of attending at the examination centre or attempting the examination.
- I will not make any claim or demand, or commence or threaten to commence any action or other proceeding of any kind, against PEBC, the examination administrator, and/or the examination venue provider (including their respective employees, representatives, and agents) relating to COVID-19 or this examination, and this release constitutes a complete bar to any such claims, demands, actions, or proceedings.

I acknowledge that I have read, understood, agree to and will abide by the content and intent of the terms and provisions included in the *Candidate's Agreement, Candidate Rules of Conduct – Performance Examinations (OSCE/OSPE), Candidate Information – Performance Examinations* and other information posted on the PEBC website. I will also declare any hindrance or disability adversely affecting my performance by reporting it on the *Candidate Feedback Questionnaire* which I will complete after the examination.

Signed by: \_\_\_\_\_

print name

\_\_\_\_\_

signature

This: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

**Attach Barcode Label Here**