



The Pharmacy Examining Board of Canada

Le Bureau des examinateurs en pharmacie du Canada

200-59 Hayden Street, Toronto, ON M4Y 0E7 · Tel (416) 979-2431 · Fax (416) 599-9244 · www.pebc.ca

WAIVER – DISCONTINUATION OF EXAMINATION

Place candidate barcode label or record PEBC Candidate ID # here

Surname / Family Name: _____

First Name: _____

Date of Exam: _____

Exam Centre: _____

This is to certify that I, _____, have voluntarily chosen to discontinue the PEBC (*please circle*) Evaluating / Qualifying Part I Examination for the reason(s) set out below and acknowledge that my decision in this regard will be subject to the *Discontinuation Terms and Conditions* described herein.

REASON(S):

Change in health condition: _____

Other (please describe): _____

Discontinuation Terms and Conditions

PEBC recognizes that extenuating circumstances, such as a change in health condition or an unforeseen emergency may, in some cases, reasonably require a candidate to discontinue the examination on examination day. Should such extenuating circumstances arise, the candidate is required to immediately inform PEBC, the Test Centre Administrator or Chief Administrator. Provided the candidate has done so and chooses to discontinue, the following will apply:

1. If a candidate chooses to discontinue **before** the start of any part of the examination, the examination attempt will not count towards the candidate's maximum number of attempts. If a written request for a refund and the required supporting documentation are received by PEBC within 7 calendar days of the examination date (e.g., a [PEBC Candidate Medical Certificate](#) dated no later than 2 calendar days after the examination date), PEBC will determine whether the examination fee will be reimbursed according to PEBC's refund policy.
2. If a candidate chooses to discontinue **after** the start of any part of the examination, the candidate may, within 7 calendar days of the examination date, submit a written request for "No Standing" along with the required supporting documentation (e.g., a [PEBC Candidate Medical Certificate](#) dated no later than 2 calendar days after the examination date). If the written request and required supporting documentation are received within 7 calendar days in accordance with PEBC's "No Standing" rule, PEBC will consider, in its sole and absolute discretion, whether the examination attempt will be deemed "No Standing" or if it will count as one of the maximum number of attempts. PEBC will similarly determine whether the examination fee will be reimbursed according to PEBC's refund policy.

I have read, understood and agreed to these *Discontinuation Terms and Conditions*.

Candidate Signature

Date (dd/mm/yyyy)

Test Centre or Chief Administrator Signature

Date (dd/mm/yyyy)



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WAIVER – CONTINUATION OF EXAMINATION

Place candidate barcode label or record PEBC Candidate ID # here

Surname / Family Name: _____

First Name: _____

Date of Exam: _____

Exam Centre: _____

This is to certify that, for the reasons set out below, I have been offered the option to discontinue the PEBC (*please circle*) Evaluating / Qualifying Part I Examination. However I, _____, have chosen to continue with the examination and acknowledge that my decision in this regard will be subject to the *Continuation Terms and Conditions* described herein.

REASON(S):

- Change in health condition: _____
- Other (please describe): _____

Continuation Terms and Conditions

PEBC recognizes that extenuating circumstances, such as a change in health condition or an unforeseen emergency may, in some cases, reasonably require a candidate to discontinue the examination on examination day.

If the candidate chooses to continue the examination, the candidate acknowledges that:

- He / she has been advised of the option to discontinue the examination but has declined to do so;
- He / she feels sufficiently able to proceed without further accommodation or interruption; and
- The examination attempt will count as one of the candidate's maximum number of attempts.

I have read, understood and agreed to these *Continuation Terms and Conditions*.

Candidate Signature

Date (dd/mm/yyyy)

Test Centre or Chief Administrator Signature

Date (dd/mm/yyyy)