



The Pharmacy Examining Board of Canada

Le Bureau des examinateurs en pharmacie du Canada

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Form # 200 - Authorization Statement

I, the undersigned, _____

born on _____ give mandate to _____

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to inquire, follow-up, process and handle my application and to make representations with The Pharmacy Examining Board of Canada regarding Document Evaluation, the Evaluating Examination or the Qualifying Examination. Please send all correspondence to:

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Date _____ Signature _____