



PHARMACY TECHNICIAN INTERNATIONAL EVALUATION

PEBC ID #:
if previously assigned

PERSONAL INFORMATION

Surname(s)/Family Name(s) as they appear on your documents		
First Name & Middle Name(s) as they appear on your documents		
Former Name(s) prior to marriage or other legal name changes		Date of Birth dd/mm/yyyy
Apt #, Street #, Street Name, P.O. Box #		City
Province/State	Postal Code	Country
Area Code & Cell # if applicable		Area Code & Home # if applicable
Area Code & Work # if applicable		Email

EDUCATION

Name of School
Country
Name of Program
Completed mm/yyyy

FIRST PHOTO - CERTIFIED

maximum size: 50 mm x 70 mm

**Glue one passport
acceptable photo here
identical to photo on 2nd page**

minimum size:
35 mm x 45 mm

Photo must be taken
within one year.

Certified photo example:



**Witness stamp/
signature must
cover both front of
photo and application**

LICENSING RECORD

Country of Licence	Country of Licence
Licensing Body	Licensing Body

DECLARATION

I hereby declare that all the information given in this application and in all documents submitted herewith is true and accurate and that the attached photograph is a recent photograph of myself (within one year). I also declare that I am the person referred to in the documents which are being submitted in support of this application. I understand that falsification of this application, submission of falsified documents to The Pharmacy Examining Board of Canada, (hereafter referred to as "the Board"), or submission of falsified Board documents to other agencies may be sufficient cause for the Board to bar me from any assessments or examinations, to remove my name from the Register or to take appropriate action as it sees fit, including cost recovery for all damages. I declare that I meet all eligibility criteria to undergo the Pharmacy Technician International Evaluation Process (hereafter referred to as 'the Evaluation'), as dictated by the Board. If any of the events previously mentioned in this paragraph occur, I understand that any document giving the results of the Evaluation which has been issued by the Board will be invalid and that it will be returned by me to the Board forthwith, on demand. I will conduct myself in a professional manner when interacting with the Board and I will follow PEBC policies, procedures and rules of conduct. I declare that I have read and agree to abide by the Candidate Declaration of Professional Integrity statements in the Portfolio Assessment. If any document giving the results of my assessment or examination has been issued otherwise in error, I understand that the document is invalid and that I will return such document to the Board forthwith, on demand. I understand that my results will be given on a pass or fail basis only. I declare I am not now, nor have I ever been, suspended by my regulatory authority / association, convicted of any breach of any pharmacy act or regulations or of any of the acts governing the practice of pharmacy. I hereby authorize the Board to collect and use any information contained in this application for the purposes of examining and evaluating my submissions and to collect and use information about me from any third party source in support of such examination and evaluation. I hereby authorize the Board to disclose: any information contained in this application, any information collected or received by the Board from any source in connection with this application, and any information resulting from such document examination and evaluation to any Canadian federal or provincial government, regulatory authority or investigative body, to any foreign government, regulatory authority or investigative body and to any educational authority in any jurisdiction who, in the opinion of the Board, has a legitimate interest in reviewing such information. I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Signature of Applicant:	Signature of Witness:
Witness Name: please print	
Witness Title / Profession:	
Declared before me at: city	on: dd/mm/yyyy

FOR OFFICE USE ONLY
Processed
Approved



PHARMACY TECHNICIAN INTERNATIONAL EVALUATION

PEBC ID #:
if previously assigned

CHECKLIST ☒

Use this checklist to review your application. Visit **www.pebc.ca** for further information on requirements.

APPLICATION

- ☐ All names entered exactly as stated on your identification documents
- ☐ Email address clearly and correctly filled in; PEBC communications will be sent by email
- ☐ All other required fields filled in
- ☐ You have signed the application in the presence of an acceptable witness
(see www.pebc.ca for list of acceptable witnesses)
- ☐ Witness has signed the application

PHOTOS - Two identical photos taken within one year of PEBC receiving this application

- ☐ First photo on page 1 of application certified by an acceptable witness (**see example**)
- ☐ Second photo stapled here ----->
with date taken stated in English/French on back of photo

SECOND PHOTO - DATED

Date taken stated on back of photo.

Photo must be taken within one year.

maximum size: 50 mm x 70 mm

**Staple one passport
acceptable photo here
identical to photo on 1st page**

minimum size:
35 mm x 45 mm

IDENTIFICATION

- ☐ Certified identification enclosed: a copy of one of the following: your birth certificate, valid passport, Canadian Citizenship Card (both sides) or Canadian Citizenship Certificate (both sides) *or* an original statutory declaration and copies of two pieces of supporting identification - each page has been signed and/or stamped by an acceptable witness
- ☐ If your name has changed: an enclosed copy of your marriage certificate or change of name document certified by an acceptable witness

PROGRAM CERTIFICATE

- ☐ An enclosed copy of your Pharmacy Technician or Pharmacist program certificate certified by an acceptable witness

TRANSCRIPT

- ☐ A copy of your Pharmacy Technician or Pharmacist program transcript has been requested to be sent directly to PEBC

LICENSING STATUS

- ☐ Copies of licensing statements from all licensing authorities you are or were previously licensed with, has been requested to be sent directly to PEBC and/or a statutory declaration has been made to verify your current licensing status and enclosed

TRANSLATIONS

- ☐ If any document (e.g. identification, program certificate, transcript, licensing statements) or witness information is in a language other than English or French, it has been translated by a government appointed, official translator and the original translation enclosed or submitted

REFUND POLICY

- ☐ You have read and understand the PEBC withdrawal and refund policy on the PEBC website

I confirm that all of the above requirements have been met:

Applicant Name:
please print

Applicant
Signature:

Mail to: PEBC, 200 - 59 Hayden Street, Toronto, ON, M4Y 0E7