SASKATCHEWAN
COLLEGE OF
PHARMACISTS

700 - 4010 Pasqua Street
Regina SK • S4S 7B9
Ph: 306-584-2292
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APPLICATION FOR REGISTRATION

(Please Print)

❍ Ms. ❍ Mr. _____

❍ Miss ❍ Mrs. First Name Usual Name Middle Name(s) Last Name

Previous Surname (Where Applicable) _____ ❍ Male ❍ Female

_____

P.O. Box/Apt # Street Address City Prov. Postal Code

Phone: _____ Email Address: _____

EDUCATION

Degree: _____ University: _____

Graduation Date: _____ PEBC Certification #: _____

MEMBERSHIP JURISDICTIONS

Are you licensed now, or have you been licensed to practise as a pharmacist in any other jurisdiction? ❍ Yes ❍ No

(Provide names, addresses, and dates)

_____

_____

_____

_____

_____

STATUTORY DECLARATION

In the matter of my application for registration with the Saskatchewan College of Pharmacists,

I, _____ (Full Name) of _____ (City/Town), in the

Province of _____ (Province/State/Country), do solemnly declare:

(1) THAT I was born on _____ (Date-M/D/Y) at _____ (Location).

(2) THAT I am the person referred to in the documents submitted in support of my application and that these documents present a true and accurate account of my qualifications; and

(3) THAT I have never been convicted of any offence against any legislation affecting the practice of pharmacy.

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 Date

PLEASE ENSURE THAT YOU HAVE COMPLETED THE ENTIRE APPLICATION FORM

Office Use Member # _____ Membership Class _____ Conditional _____ Effective Date _____

JP Exam Date _____ Other _____

Receipt #: _____ Batch # _____ Approved _____ Date _____