

PRINCE EDWARD ISLAND PHARMACY BOARD
PHARMACY ASSISTANT VOLUNTARY REGISTRATION April 1 – March 31

Box A: Contact Information				
Make any changes to the information shown below directly on this form. Please print clearly				
Date _____				
Name _____	Gender _____	Date of Birth _____		
Street Address (Home) _____				
City _____	Province _____	Country _____	Postal Code _____	Canadian Citizen _____
Phone(Home) _____		E-Mail Address _____		
Business Name _____				
Street Address (Business) _____				
City _____	Province _____	Country _____	Postal Code _____	
Phone(Business) _____	Fax (Business) _____	E-Mail Address _____		
Mail Preference				
<input type="checkbox"/> Home <input type="checkbox"/> Business				

Box B: EDUCATION – where you obtained any formal training
School Name: _____ School Location: _____ Date of Graduation: _____ <input type="radio"/> No formal training – please complete the work experience in Box D

Box C: Current Employment – PEI
Pharmacy or Hospital Name _____
Address _____ City _____ Postal Code _____

Box D: Work Experience				
Pharmacy Name, Address and Telephone Number	Job Title	Date started and hours worked in 36 months	Supervising Pharmacist and License Number	Signature Supervising Pharmacist and Date
Name: _____ Address: _____ Telephone: _____	Pharmacy Tech/Assistant _____ Volunteer _____ Other (Specify) _____	Date started _____ (month/year) Hours/36 months _____	Name: _____ License Number: _____	Signature*: _____ Date: _____
Name: _____ Address: _____ Telephone: _____	Pharmacy Tech/Assistant _____ Volunteer _____ Other (Specify) _____	Date started _____ (month/year) Hours/36 months _____	Name: _____ License Number: _____	Signature*: _____ Date: _____

** I hereby certify that while working under my supervision the candidate was working in a setting consistent with some or all of the rules and regulations of the PEI Pharmacy Act. I also certify that the information complete above is true and that I have been in direct supervision of this candidate. As such, I have printed and signed my name as a Statement of Declaration and Verification in the above table adjacent to the candidate's specified hours for those specified hours while he/she was under my supervision.*

Box E: Candidate Signature
I declare that all the information on this registration is true to the best of my knowledge.
_____ FEE \$25.00 Date _____ Signature _____