



APPLICATION FOR REGISTRATION

(Please Print)

Ms. Mr. _____
 Miss Mrs. Dr. 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 #: _____
Month Day Year

MEMBERSHIP JURISDICTIONS

Are you licensed now, or have you licensed to practise as a pharmacist in any other jurisdiction? Yes No
 (Provide names, addresses, and dates)

FEE

Fee \$ _____

Visa Mastercard Cheque

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
 Credit Card Number

_____|_____|_____|_____|
 Expiry Date
(Month/Year)

CHEQUES MADE PAYABLE TO:
Saskatchewan College of Pharmacists

Authorization Signature _____

Print Cardholder Name _____

STATUTORY DECLARATION

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

I, _____ of _____, in the
(Full Name) (City/Town)
 Province of _____, do solemnly declare:
(Province/State/Country)

- (1) THAT I was born on _____ at _____
(Date-M/D/Y) (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 practise 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 of Application

PLEASE ENSURE THAT YOU HAVE COMPLETED THE ENTIRE APPLICATION FORM

Office Use Member # _____ Membership Class P _____ Conditional _____ Other _____ Effective Date _____
 JP Exam Date _____ Other _____ SK Grad _____ Cdn Prov _____ IPG _____
 Receipt #: _____ Batch # _____ Approved _____ Date _____