

**PRINCE EDWARD ISLAND PHARMACY
BOARD
APPLICATION FOR REGISTRATION AS A STUDENT**

Applicant Information (please print)			
Date _____			
Surname _____		Maiden Name _____	
First Name _____		Second Name _____	
Street Address _____		Apt. # _____	Email Address _____
City _____	Province _____	Postal Code _____	Country _____
Phone (home) _____		Phone (business) _____	Fax _____
University Name _____			
Expected Year of Graduation _____		Date of Enrollment in Pharmacy Program _____	

Required Documents (please enclose)	For Office Use Only
1. Evidence of enrollment in accredited program in pharmacy (photocopy both sides of Student ID) _____ (Student ID Number)	
2. Copy of either a birth or Canadian Citizenship certificate or a valid passport (photocopy both sides of documents). (Landed Immigrant and/or Baptismal Certificates are not acceptable). Birthdate: _____ Legal Name: _____	
3. Registration Fee \$100 for duration of university program and internship	

Payment Options
<input type="checkbox"/> Cash (exact change required)
<input type="checkbox"/> Cheque (cheques payable to: Prince Edward Island Pharmacy Board)

I have read and understand the legislation and regulations governing the practice of pharmacy in Prince Edward Island and I agree to comply with the provisions found therein.

I agree to notify the Prince Edward Island Pharmacy Board of any changes in the "Applicant Information" section of this application form.

Applicant's Signature: _____ **Date:** _____

Office Use Only
PEIPB Signature: _____
Date received: _____ Registration #: _____
Fee included: _____ Receipt #: _____