

PRINCE EDWARD ISLAND
PHARMACY BOARD

South Shore Professional Building
P.O. Box 89, Crapaud, P.E.I. COA IJO
Phone: (902) 658-2780 Fax: (902) 658-2198 E-mail: peipharm@auracom.com

Member Organization of the National Association of Pharmacy Regulatory Authorities (NAPRA)

APPLICATION FOR LICENSE – STUDENT

LICENSING YEAR: APRIL 1 to MARCH 31

APPLICATION DATE: _____

Name: _____ M ___ F

Address: (home) _____

Address: (Univ) _____

Maiden/Previous Name: _____

University: _____

Year (first/second/third/fourth) _____ Date of Birth: _____

Email Address: [@peipb.napra.ca](mailto:peipb.napra.ca) or _____

Telephone: _____ (h) _____ (s)

Employment:

Company names/address: _____ Structured Practice Experience Site Y/N

Preceptor: _____

Original license jurisdiction/province: _____

Additional Active Licenses/jurisdictions: _____

FEE: \$75

Make cheque payable to the P.E.I. Pharmacy Board. Fee must accompany application. A tax- deductible receipt will be issued.

I have read the Pharmacy Act (and Regulations) of Prince Edward Island and understand, as a registered student, I must comply with the provisions therein.

_____ Date _____ Signature of applicant –**Required**