



APPLICATION FOR JURISPRUDENCE EXAMINATION (JE)

To be eligible to sit for this examination, you must be currently registered with the college.

APPLICANT INFORMATION

Ms Mrs Miss Mr Dr

Name _____
Last name (Surname) First name Other name(s)

Address _____ Email _____

_____ Tel (work) _____

_____ Tel (home) _____
City Province/State

_____ *Postal code/Zip Country*

EXAMINATION SELECTION

Examination date: _____.

For examination dates and application deadlines, go to www.bcpharmacists.org > Registration & Licensure > Pharmacist > Jurisprudence Examination.

To write the exam outside of BC, specify location _____
City Province/State

You are also required to complete the "Application for Outside-of-Vancouver Examination (Jurisprudence Examination)" form and pay the applicable fees.

PAYMENT OPTION

Cheque/Money order *(payable to College of Pharmacists of BC)*
 VISA MasterCard
Card # _____ Exp ____/____
Cardholder name _____
Cardholder signature _____

Application fee	175.00
HST	21.00
Total	\$196.00
HST # R106953920	

_____ Date

_____ Applicant signature