

# PROFESSIONAL DEVELOPMENT AND ASSESSMENT PROGRAM (PDAP)

## Phase II - Assessment Option

### PARTICIPANT INFORMATION

Ms     Mrs     Miss     Mr     Dr    Reg # \_\_\_\_\_

Name \_\_\_\_\_  
*Last name (Surname)*                      *First name*                      *Other name(s)*

Address \_\_\_\_\_  
\_\_\_\_\_    Tel (home) \_\_\_\_\_  
\_\_\_\_\_    Tel (work) \_\_\_\_\_  
\_\_\_\_\_    Email \_\_\_\_\_

\_\_\_\_\_    *City*    *Province*

\_\_\_\_\_    *Postal code*    *Country*

### ASSESSMENT/EXAMINATION SELECTION

Please select one:

- Objective Structured Clinical Examination (OSCE)
- Practice Audit (PA)

### PAYMENT OPTION

Cheque/Money order (payable to College of Pharmacists of BC)

VISA                       MasterCard

Card # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_

Cardholder name \_\_\_\_\_

Cardholder signature \_\_\_\_\_

Fee	500.00
HST	60.00
Total	<b><u>\$560.00</u></b>
HST # R106953920	

### REFUND POLICY

1. Fees are refundable if you provide written notice to the college office at least 3 weeks before the assessment/examination date.
2. Refunds are subject to a \$50.00 administration fee + \$6.00 HST = \$ **56.00**.
3. Fees are non-refundable if you cannot attend on the scheduled date, and have not advised the college office. Special consideration will be given for:
  - Health reasons – doctor's note is required
  - Bereavement situations that occur less than 3 weeks before the assessment/examination date.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant signature