INTERNATIONAL PHARMACY BRIDGING PROGRAM (IPBP)

Please print clearly in ink and complete all sections

Preferred Location of Program: ☐ Edmonton ☐ Calgary

PART A

LAST NAME			GIVEN NAME(S)
FORMER NAME (IF LAST NAME AND/OR GIVEN NAMES HAVE CHANGED)			
			Gender: ☐ Male ☐ Female
DATE OF BIRTH (MMM/DD/YYYY)	DATE OF ENTRY TO CANADA (MMM/DD/YYYY)		DATE OF ENTRY TO ALBERTA (MMM/DD/YYYY)
CITIZENSHIP STATUS			
☐ Canadian Citizen	☐ Permanent Resident/Landed Immigrant		☐ Other
PERMANENT ADDRESS			
Street			
Town/City			
Province	Postal Code		E-mail Address
Telephone: ( )	Cell: ( )		Fax: ( )
MARITAL STATUS			

☐ Single ☐ Married
☐ Cohabiting Partner ☐ Separated, Divorced or Widowed

How many children do you have? ________ How old are they? __________________________
What is your country of origin? ____________________________________

PART B

ENGLISH PROFICIENCY

What is your first language? __________________________

Canadian Language Benchmark Assessment (CLBA) Scores:
Speaking: __________ Listening: __________ Reading: __________ Writing: __________

For statistical purposes only, please indicate the languages in which you are fluent (spoken or written) other than English:
1. __________________________ 2. __________________________ 3. __________________________

Have you taken an English language proficiency test in the past 2 years? ☐ Yes ☐ No
If yes, please provide the details below:

Test:	Score:	Date completed: (MMM/DD/YYYY)

PART C

ALBERTA COLLEGE OF PHARMACISTS OF CANADA
Do you have Intern Registration with the Alberta College of Pharmacists? ☐ Yes ☐ No
Registration Number (attach proof of registration):
How many hours of Internship have you completed? (proof required)

PART D

PHARMACY EXAMINING BOARD OF CANADA
☐ Evaluating Exam Date completed : MMM//YYYY ☐ Qualifying Exam Part 1 Date completed: MMM/YYYY Have you ever attempted the Qualifying Exam Part II? ☐ Yes ☐ No If yes: Number of times taken: ______________________ Date of last attempt:__________________________

PART E

EDUCATION AND TRAINING HISTORY
Have you taken any training programs in Canada? ☐ Yes ☐ No If so, what was the program called? ____ Are you currently taking a training program? ☐ Yes ☐ No If so, what program? ____
What is the highest Education or Training that you have completed to date? ☐ 1 year Diploma ☐ 1 year Certificate ☐ 2 year Diploma ☐ Applied Degree ☐ Bachelor's Degree ☐ Master's Degree ☐ Doctoral Degree How Many years work experience do you have in your profession in your country of origin? ________________ What is your profession (employment goal) in Canada? ____

PHARMACY DEGREE(S)			
University	Country	Degree Obtained	Dates Attended
			FROM MMM/DD/YYYY TO MMM/DD/YYYY Program Type: F/T, P/T (Please circle)
			FROM MMM/DD/YYYY TO MMM/DD/YYYY Program Type: F/T, P/T (Please circle)
POST-GRADUATE TRAINING			
University	Country	Degree Obtained	Dates Attended
			FROM MMM/DD/YYYY TO MMM/DD/YYYY Program Type: F/T, P/T (Please circle)
			FROM MMM/DD/YYYY TO MMM/DD/YYYY Program Type: F/T, P/T (Please circle)
ADDITIONAL POST-SECONDARY EDUCATION OR TRAINING (INCLUDING ESL)			
Educational Institute	Country	Award Obtained	Dates Attended
			FROM MMM/DD/YYYY TO MMM/DD/YYYY Program Type: F/T, P/T (Please circle)
			FROM MMM/DD/YYYY TO MMM/DD/YYYY Program Type: F/T, P/T (Please circle)

PART F

EMPLOYMENT RECORD (STARTING WITH THE MOST CURRENT)		
City and Country	City and Country	City and Country
Employer	Employer	Employer
Position______________________ Avg. hours of work/week _______ Salary (hourly/monthly) ________	Position______________________ Avg. hours of work/week _______ Salary (hourly/monthly) ________	Position______________________ Avg. hours of work/week _______ Salary (hourly/monthly) ________
Start: MMM/DD/YYYY **End:** MMM/DD/YYYY	**Start:** MMM/DD/YYYY **End:** MMM/DD/YYYY	**Start:** MMM/DD/YYYY **End:** MMM/DD/YYYY
Supervisor	Supervisor	Supervisor
Telephone ( )	Telephone ( )	Telephone ( )
What do you think are your barriers to employment in Canada? (e.g. language, academic, work experience, licensure, etc.) ____________________ ____________________ ____________________		

PART G

FINANCIAL		
What is your current major source of income?		
☐ Employment	☐ Employment Insurance	☐ Income Support
☐ AISH	☐ Student Loan	☐ Other__________
Have you received EI in the past 3 years? Yes or No (please circle)		
Have you received maternity or paternity benefits in the last 5 years? Yes or No (please circle)		

DOCUMENT CHECKLIST

Please complete ALL sections below indicating the documents you are submitting in support of your application.

PROOF OF NAME CHANGE

☐ Not applicable **OR** ☐ Copy of Marriage certificate **AND** ☐ English Translation (if applicable) **OR** ☐ Copy of Change-of-Name Document **AND** ☐ English Translation (if applicable)

STATUS IN CANADA

☐ Copy of Canadian Citizenship certificate **OR** ☐ Copy of Landing Record/ Permanent Resident card

PROOF OF ENGLISH PROFICIENCY

☐ Canadian Language Benchmark Assessment (CLBA) **OR** ☐ Copy of ACP approved language proficiency test

PHARMACY DEGREE

☐ Copy of Pharmacy Diploma/Degree **AND** ☐ English Translation (if applicable)
☐ Copy of other Postgraduate Pharmacy Certificates **AND** ☐ English Translation (if applicable)

PEBC EVALUATING EXAMINATION & QUALIFYING EXAMINATION PART 1 RESULTS

☐ Copy of letter of results from the PEBC stating successful completion of the EE
☐ Copy of letter of results from the PEBC stating successful completion of the QEI **(if completed)**
☐ Copy of letter of results from the PEBC indicating most recent results of the QEII **(if applicable)**

RESUME

☐ Resume (in English) stating your education, employment and professional history

REFERENCE LETTERS

☐ Letter of Reference (employer)
Name of Reference:______________________________ Position:______________________________
☐ Letter of Reference (university instructor or character reference)
Name of Reference:______________________________ Position:______________________________
☐ Letter of Reference (co-worker)
Name of Reference:______________________________ Position______________________________

LETTER OF INTENT (minimum of 500 words)

☐ I have attached my letter of intent which outlines my reasons for application to the IPB Program

OTHER SUPPORTING DOCUMENTS (e.g. awards/scholarships relevant to application)

☐ I have also attached the following documents (Maximum of 3 supporting documents) Please list:

1. ______________________________
2. ______________________________
3. ______________________________

Contact Information

This information may be used to contact you during the period of time we have an active file with you. For example, we may contact you to change an appointment, to ask if the services or training have been helpful, or to follow up and audit purposes. We recommend you check with the person(s) whose name and phone number you and providing so that they know you have given permission to ask them for information. The provision of a contact name is voluntary. By providing us with this information you are agreeing that we may contact one or more of these people in the event that we are unable to reach you.

1. Name: ______________________________ Phone Number: _________________

Relationship: ________________________

2. Name: ______________________________ Phone Number: _________________

Relationship: ________________________

Declaration

Please read the following statements carefully and sign (with ink) below.

I certify that:

1. All of the information and documents submitted on my behalf with respect to this application (all of which together constitute "my application") are true, complete and correct
2. All of the information relevant to my application has been included

I agree that if any information or document in my application is false or misleading, or if any relevant information has been concealed, withheld, or not submitted as part of my application, my application may, at the sole option and discretion of the IPBP administration, be rejected, or if I have already been admitted or registered in the program, my admission may, at the sole option and discretion of the IPBP administration, be cancelled or revoked.

Signature: ___________________________________ Date (MMM/DD/YYYY):_________________

Please Submit To:

Bredin Centre for Learning
c/o International Pharmacy Bridging Program

Attention: Ariaane Sayon, Program Manager (Edmonton)
9th Floor, 10045 – 111 Street,
Edmonton, Alberta T5K 2M5
Phone: (780) 425-3730 • Toll free: 1-877-273-3461 • Fax: (780) 426-3709

OR

Attention: Raj Neupane, Program Coordinator (Calgary)
Optima Place
#500, 744 – 4th Avenue SW
Calgary, Alberta T2P 3T4
Phone: (403) 261-5775 • Fax: (403) 264-9736

How did you hear about the program?

☐ Printed advertisement
☐ Presentation
☐ Web page
☐ Friend
☐ Former/Current IPBP student
☐ Referred by another program
☐ Other? ___________________________