



# INTERNATIONAL PHARMACY BRIDGING PROGRAM (IPBP)

Please print clearly in ink and complete all sections

<b>Preferred Location of Program:</b> <input type="checkbox"/> Edmonton <input type="checkbox"/> Calgary
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## PART A

LAST NAME		GIVEN NAME(S)	
FORMER NAME (IF LAST NAME AND/OR GIVEN NAMES HAVE CHANGED)			
		Gender: <input type="checkbox"/> Male <input type="checkbox"/> 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			
<input type="checkbox"/> Canadian Citizen		<input type="checkbox"/> Permanent Resident/Landed Immigrant <input type="checkbox"/> Other	
PERMANENT ADDRESS			
Street			
Town/City			
Province	Postal Code	E-mail Address	
Telephone: ( )	Cell: ( )	Fax: ( )	
MARITAL STATUS			
<input type="checkbox"/> Single		<input type="checkbox"/> Married	
<input type="checkbox"/> Cohabiting Partner		<input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide the details below:			
Test: _____	Score: _____	Date completed: (MMM/DD/YYYY)	



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**PART C**

<b>ALBERTA COLLEGE OF PHARMACISTS OF CANADA</b>	
Do you have Intern Registration with the Alberta College of Pharmacists?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Registration Number (attach proof of registration):	
How many hours of Internship have you completed? (proof required)	

**PART D**

<b>PHARMACY EXAMINING BOARD OF CANADA</b>	
<input type="checkbox"/> Evaluating Exam   Date completed :   MMM/YYYY	<input type="checkbox"/> Qualifying Exam Part 1   Date completed:   MMM/YYYY
Have you ever attempted the Qualifying Exam Part II? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes: Number of times taken: _____ Date of last attempt: _____	

**PART E**

<b>EDUCATION AND TRAINING HISTORY</b>			
Have you taken any training programs in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, what was the program called? _____			
Are you currently taking a training program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, what program? _____			
What is the highest Education or Training that you have completed to date?			
<input type="checkbox"/> 1 year Diploma	<input type="checkbox"/> 1 year Certificate	<input type="checkbox"/> 2 year Diploma	
<input type="checkbox"/> Applied Degree	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Master's Degree	
<input type="checkbox"/> 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? _____			
<b>PHARMACY DEGREE(S)</b>			
University	Country	Degree Obtained	Dates Attended
			<b>FROM</b> MMM/DD/YYYY <b>TO</b> MMM/DD/YYYY Program Type: F/T, P/T (Please circle)
			<b>FROM</b> MMM/DD/YYYY <b>TO</b> MMM/DD/YYYY Program Type: F/T, P/T (Please circle)
<b>POST-GRADUATE TRAINING</b>			
University	Country	Degree Obtained	Dates Attended
			<b>FROM</b> MMM/DD/YYYY <b>TO</b> MMM/DD/YYYY Program Type: F/T, P/T (Please circle)
			<b>FROM</b> MMM/DD/YYYY <b>TO</b> MMM/DD/YYYY Program Type: F/T, P/T (Please circle)
<b>ADDITIONAL POST-SECONDARY EDUCATION OR TRAINING (INCLUDING ESL)</b>			
Educational Institute	Country	Award Obtained	Dates Attended
			<b>FROM</b> MMM/DD/YYYY <b>TO</b> MMM/DD/YYYY Program Type: F/T, P/T (Please circle)





## DOCUMENT CHECKLIST

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

PROOF OF NAME CHANGE	
<input type="checkbox"/> Not applicable   OR <input type="checkbox"/> Copy of Marriage certificate   OR <input type="checkbox"/> Copy of Change-of-Name Document <div style="text-align: center;">AND</div> <input type="checkbox"/> English Translation (if applicable)   OR <input type="checkbox"/> English Translation (if applicable)	
STATUS IN CANADA	
<input type="checkbox"/> Copy of Canadian Citizenship certificate   OR <input type="checkbox"/> Copy of Landing Record/ Permanent Resident card	
PROOF OF ENGLISH PROFICIENCY	
<input type="checkbox"/> Canadian Language Benchmark Assessment (CLBA)   OR <input type="checkbox"/> Copy of ACP approved language proficiency test	
PHARMACY DEGREE	
<input type="checkbox"/> Copy of Pharmacy Diploma/Degree   AND <input type="checkbox"/> English Translation (if applicable) <input type="checkbox"/> Copy of other Postgraduate Pharmacy Certificates   AND <input type="checkbox"/> English Translation (if applicable)	
PEBC EVALUATING EXAMINATION & QUALIFYING EXAMINATION PART 1 RESULTS	
<input type="checkbox"/> Copy of letter of results from the PEBC stating successful completion of the EE <input type="checkbox"/> Copy of letter of results from the PEBC stating successful completion of the QE I <b>(if completed)</b> <input type="checkbox"/> Copy of letter of results from the PEBC indicating most recent results of the QE II <b>(if applicable)</b>	
RESUME	
<input type="checkbox"/> Resume (in English) stating your education, employment and professional history	
REFERENCE LETTERS	
<input type="checkbox"/> Letter of Reference   (employer) Name of Reference: _____ Position: _____ <input type="checkbox"/> Letter of Reference   (university instructor or character reference) Name of Reference: _____ Position: _____ <input type="checkbox"/> Letter of Reference   (co-worker) Name of Reference: _____ Position: _____	
LETTER OF INTENT (minimum of 500 words)	
<input type="checkbox"/> 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)	
<input type="checkbox"/> 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 are 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: Kim Powers, Program Manager (Edmonton)  
9<sup>th</sup> 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 – 4<sup>th</sup> 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? \_\_\_\_\_