

# International Pharmacy Graduate Program

Leslie Dan Faculty of Pharmacy - University of Toronto

# 1



# APPLICATION

Fall 2011/Spring 2012

Courses and Dates	Deadline for Submission of Completed Application (and supporting documents including fluency)	Tuition Fee Deadline
<input type="checkbox"/> Toronto Fall 2011 CPS I (October 24 – December 16)	August 22, 2011	September 26, 2011
<input type="checkbox"/> Toronto Spring 2012 CPS I (April 23 – June 15)	February 24, 2012	March 26, 2012

## To complete an application

Fill in the application form and pay the non-refundable application fee of \$250

Accepted payment methods are money order, bank draft or certified cheque payable to the University of Toronto, or to pay by credit card call 416-946-5779.

The following documentation is required to progress your application:

- Copy of Identity and Canadian Status Documents
- Copy of Fluency Documents
- Copy of PEBC Evaluating Exam Results Letter
- Résumé Submission

All documents must be received by the deadline date to be considered for admission.

**APPLICATION FORM** (Please PRINT all information)

<b>PART I – PERSONAL INFORMATION</b>	
<b>PREFERRED TITLE:</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms <input type="checkbox"/> Dr. <input type="checkbox"/> Other (specify) _____	
<b>LEGAL SURNAME</b> (last name)	OCP Registration Number (if applicable)
<b>FORMER SURNAME</b> (if applicable)	Have you attended the IPG ELT program: Date: _____
<b>LEGAL GIVEN NAME</b> (s) given in full	Date of Birth: DD/MM/YYYY: ____/____/____
<b>PERMANENT HOME ADDRESS</b> (Provide FULL address – if applying from outside Canada include country) Street Number: _____ Street Name: _____ Apt #: _____ City: _____ Province/State: _____ Country: _____ Postal Code: _____	
<b>PHONE NUMBER</b> at this address (include area code): (    ) _____ - _____	
OPTIONAL MAILING ADDRESS	<b>MAILING ADDRESS</b> (Address to which you would like all correspondence sent if different from the permanent address) <input type="checkbox"/> Same as above, or: Street Number: _____ Street Name: _____ Apt #: _____ City: _____ Province/State: _____ Country: _____ Postal Code: _____
	<b>PHONE NUMBER</b> at this address (include area code): (    ) _____ - _____
	Until What Date Are These Address(es) Valid?
<b>E-MAIL ADDRESS</b> _____ @ _____	
<b>STATUS IN CANADA</b> <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Student and/or Employment Visa – Expiry date _____	
<b>ACADEMIC INSTITUTION ATTENDED:</b>	_____
<b>COUNTRY:</b>	_____
<b>YEAR OF GRADUATION:</b>	_____

**PART II – ADMISSION REQUIREMENTS**

You are required to complete the following four sections for admission to the IPG Program. **Note:** It is your responsibility to notify the fluency testing centre to forward your test results directly to the IPG Program and the Ontario College of Pharmacists (if you are opening a file with the OCP). Please ensure you have an updated fluency test. Fluency results must be no more than 2 years old from the end date of the CPS program.

**1. FLUENCY**

**Pass** Month: \_\_\_\_\_ Year: \_\_\_\_\_  **Enclosed** - Copy of OCP recognized fluency test results.  
 **Not Yet Completed** Month: \_\_\_\_\_ Year: \_\_\_\_\_  
 (Please indicate the intended date of completion)

**2. PHARMACY EXAMINING BOARD OF CANADA EVALUATING EXAM**

**Pass** Month: \_\_\_\_\_ Year: \_\_\_\_\_  **Enclosed** - Copy of PEBC Evaluating Exam results letter.  
 **Not Yet Completed** Month: \_\_\_\_\_ Year: \_\_\_\_\_  
 (Please indicate the intended date of completion)

**3. RESUME**

**Résumé Enclosed**

**4. PHARMACY EXAMINING BOARD OF CANADA QUALIFYING EXAM**

How many times have you attempted the PEBC Qualifying Exam? Part I \_\_\_\_\_ Part II \_\_\_\_\_

If you have attempted Part I and/or Part II four or more times, a copy of the PEBC letter stating that you are eligible to attempt the Qualifying Exam must be provided for admission to the IPG program.

**Have you attempted the PEBC Qualifying Exam Part I?**

When? Month: _____ Year: _____	Were you Successful? <input type="checkbox"/> YES <input type="checkbox"/> NO
Month: _____ Year: _____	Were you Successful? <input type="checkbox"/> YES <input type="checkbox"/> NO
Month: _____ Year: _____	Were you Successful? <input type="checkbox"/> YES <input type="checkbox"/> NO

**Have you attempted the PEBC Qualifying Exam Part II?**

When? Month: _____ Year: _____	Were you Successful? <input type="checkbox"/> YES <input type="checkbox"/> NO
Month: _____ Year: _____	Were you Successful? <input type="checkbox"/> YES <input type="checkbox"/> NO
Month: _____ Year: _____	Were you Successful? <input type="checkbox"/> YES <input type="checkbox"/> NO

Have you successfully completed the PEBC Qualifying Exam *prior to 2001*?  YES  NO

When? Month: \_\_\_\_\_ Year: \_\_\_\_\_

**PART IV – CONSENT**

I hereby certify that ALL information contained in this application is correct and complete.

Any misrepresentation of this data may result in cancellation of my application, admission or registration to the IPG Program.

The name shown on the application is the complete name by which I am legally and correctly known.

I consent that the IPG Program will provide my name and verify the admission requirements of identity, status, Fluency and PEBC Evaluating Examination results with, as well as provide course results to, the Ontario College of Pharmacists or other relevant provincial regulatory College.

I consent to the collection, use, and disclosure by the International Pharmacy Graduate Program of all personal information contained in these application materials, or reasonably arising from these application materials, for the limited purposes of processing the application, compiling general statistical information, and administering any and all programs and processes under the auspices of the IPG Program.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

**APPLICATION PAYMENT**

I am including a \$250.00 **non-refundable** deposit payable to the University of Toronto in the form of:

- Money Order                       Certified Cheque                       Bank Draft  
 Credit Card (Please call the IPG Office at 416-946-5779 to process)

The completed application form, with deposit, must either be mailed to our Mailing Address or hand-delivered to our Physical Address:

Mailing Address:  
 IPG Program Admissions  
 Leslie Dan Faculty of Pharmacy  
 University of Toronto  
 144 College St.  
 Toronto, Ontario M5S 3M2  
 CANADA

Physical Address:  
 IPG Office  
 256 McCaul St.  
 Toronto, Ontario  
 M5T1W5



To help us plan for future program offerings we would like your feedback on the survey questions below

Would you be interested in enrolling in evening classes, if offered?  YES  NO

Would you be interested in enrolling in weekend classes, if offered?  YES  NO

Would you be interested in enrolling in a part time option, if offered?  YES  NO

Would you be interested in enrolling in classes in another city, if available?  YES  NO

If yes, please write in the city name \_\_\_\_\_