

International Pharmacy Graduate Program

Leslie Dan Faculty of Pharmacy - University of Toronto

1



APPLICATION

CPS I ONLINE

Courses and Dates	Deadline for Submission of Completed Application (and supporting documents including fluency)	Tuition Fee Deadline
<input type="checkbox"/> CPS I Online Summer 2012 (July 9 – October 15, 2012)	May 25 th , 2012	June 15 th , 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 process your application:

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

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

APPLICATION FORM (Please PRINT all information)

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

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 more than 3 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.

Please type your name in the box below or insert a digital signature.

 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 must be submitted via EMAIL to ipg.phm@utoronto.ca

Please submit all supplementary documentation with your application. These documents can be scanned and emailed along with the application, faxed to 416.946.8168 or mailed in hard copy to our MAILING address below.

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 cZyfYX'cb`jbyZif available? YES NO