



Application for Jurisprudence Exam

Submit at least 14 days prior to examination date

(Please print)

First Name:

Middle Name(s):

Last Name:

Street Address: Apt. #:

City: Province: Postal Code:

Phone (home): Phone (cell):

E-mail address:

The Jurisprudence Exam Information & Study Guide ([LINK](#)) is available on our website, www.nbpharmacists.ca

We are pleased you have chosen to practice your profession in New Brunswick and look forward to meeting you in your daily practice site. If you have questions, please contact the NB College of Pharmacists at info@nbpharmacists.ca or (506) 857-8957.

I wish to write the: Pharmacist Exam Pharmacy Technician Exam

I wish to write the exam in: English French

I wish to apply for:

1. The next Scheduled Sitting (Date/time will be confirmed via email) \ , 2018

or

2. A Special Sitting (Date will be confirmed via email)

Select preferred date* in ° , 2018: 21 23 28 29 or 30

Select time of day: 9 a.m. 1 p.m.

*Read more about preferred dates in the examination information document [LINK](#)

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Signature

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Date

Payment must be included with form. See the Fee Schedule on website for applicable fee. Cheque, MasterCard or Visa are acceptable forms of payment.

Credit Card #: Expires (mm/yy): 3-digit code on back of card:

Name on card: