



**New Brunswick  
College of Pharmacists**  
**Ordre des pharmaciens  
du Nouveau-Brunswick**

686 boul. St-George Blvd, Suite 200  
Moncton, N.-B. E1E 2C6  
Tel: (506) 857-8957 Fax / Téléc: (506) 857-8838  
www.nbpharmacists.ca info@nbpharmacists.ca

**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](http://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](mailto: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

**Next Scheduled Sitting: September 16, 2020**

All sittings are tentative due to COVID-19  
Date/time will be confirmed via email  
Application deadline: September 2<sup>nd</sup>, 2020  
Special Sittings have been postponed due to COVID-19

.....  
**Signature**

.....  
**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:** .....