



SELKIRK COLLEGE APPLICATION PRIOR LEARNING ASSESSMENT and RECOGNITION (PLAR) PHARMACY TECHNICIAN BRIDGING ASSOCIATE CERTIFICATE

OFFICE OF THE REGISTRAR

INSTRUCTIONS

Please read carefully before completing the application form.

HOW TO APPLY

1. Fill out this application form on-line and forward to distanceadmissions@selkirk.ca
2. Remit the non-refundable application processing fee of \$35 which must accompany your first-time application. If you have paid this fee before, it is not necessary to pay it again; however, applications will only be reviewed if there is evidence of this payment.
3. Applicants must submit on their application, their **College of Pharmacists of BC Registration (CPBC) number**.
4. Examination Fee: \$175.00 (each module)

Examination Dates:

PHARMACOLOGY

PRODUCT PREPARATION

MANAGEMENT OF DRUG DISTRIBUTION SYSTEMS

Please submit your application, processing fee and exam fee (payable to Selkirk College) to:

Castlegar Campus
Admissions
Selkirk College
301 Frank Beinder Way
Castlegar BC V1N 4L3
Tel (250) 365-1245
Fax (250) 365-3929
Toll Free 1-888-953-1133

OR Submit your application on line with your completed credit card information covering the \$35.00 application fee as well as your exam fee to:

distanceadmissions@selkirk.ca

Selkirk College



APPLICATION FOR PRIOR LEARNING ASESMENT and RECOGNITION (PLAR)

PHARMACY TECHNICIAN BRIDGING ASSOCIATE CERTIFICATE

IN ORDER TO TAKE ANY OF THE PLAR BRIDGING MODULES, ASSISTANTS MUST FIRST BE REGISTERED WITH THE COLLEGE OF PHARMACISTS OF BC.

Please print clearly and fill in ALL sections.

Have you previously attended Selkirk College?	Yes	No								
Are you currently attending Selkirk College?	Yes	No								
Your Selkirk College student number.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									

Office Use Only

SRS	HS	Data	Trans
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(* required information)

PERSONAL DATA

Last Name (Legal) *	First Name (Legal) *	Middle Name (Legal) *					
Previous Last Names*	Social Insurance Number*			Birth Date*	Year	Month	Day

Permanent Mailing Address

Number *	Street *	PO Box *	Telephone - Day*
City *			Telephone - Evening*
Province/ Country *			Telephone - Cell*
Postal Code *			Email*

Current Mailing Address (if different from permanent)

Preferred Method of Contact mail email phone cell phone

Number	Street	PO Box	Telephone
City			Telephone - Cell
Province/Country		Postal Code	

Next of Kin – Emergency Contact

Name	Day Phone	Evening Phone	Cell Phone
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Personal Information

Gender	M	F								
Personal Education No. (PEN)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									

Canadian Citizen?	Yes	No
Landed Immigrant?	Yes	No
If no, what citizenship		
Date of Landing		
<i>Document of landed status must be submitted.</i>		

International Applicant
Citizenship
TOEFL Score (if available)

PLAR CHOICES – Choose one or more of the following:

College of Pharmacists of BC (CPBC) Registration #: (If you do not have a Registration No., contact CPBC by telephone and they will issue you one.)

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Examination Date	Courses	<input checked="" type="checkbox"/> Check box
	PTECB 130 – Pharmacology	
	PTECB 131 – Product Preparation	
	PTECB 132 – Management of Drug Distribution Systems	

If you have never paid the processing fee before, please attach a cheque or money order or fill in the credit card information. Canadian citizens and landed immigrants remit \$35. International applicants remit \$100 Cdn.

Visa or MasterCard #

Expiry Date

Mon	Yr
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FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

DECLARATION: I declare that the information contained in this application is to the best of my knowledge, complete and correct. I hereby agree to comply with the rules and regulations as listed in the Selkirk College calendar and as amended by the Selkirk College Board. I also agree to any penalty assessed for non-compliance with the rules and regulations. In signing this application for admission, I understand that Selkirk College will use and maintain the information for the purposes of admission, registration, student support services, research, alumni and development, administration of the Student Union Health and Dental plan, and other purposes consistent with the mandate of the institution under the College and Institute Act. Information on admission, registration and academic achievement may also be disclosed to and used for statistical and research purposes by the College, other post secondary educational institutions, the Industry Training Authority and the provincial government. Personal information provided for admission and registration and any other information placed into the student record will be collected, protected, used, disclosed and retained in compliance with British Columbia's Freedom of Information and Protection of Privacy Act (R.S.B.C. 1996, c. 165).

Signature

Date