



SELKIRK COLLEGE APPLICATION PTEC BRIDGING

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** (International students, see below) 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 or Pharmacists of BC Registration (CPBC) number.

INTERNATIONAL STUDENTS

1. Follow the instructions above.
2. Remit \$100 Cdn. non-refundable processing fee.
3. Complete the "International" section on the application (page 3).

LANDED IMMIGRANTS

Submit proof of landed immigrant status and complete the citizenship section on application form (page 4).

Please submit your application, processing fee and module course 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 module course fee to:

distanceadmissions@selkirk.ca

Selkirk College



APPLICATION

for PTEC BRIDGING

IN ORDER TO TAKE ANY OF THE 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. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |

| | | | |
|------------------------|----|------|-------|
| <i>Office Use Only</i> | | | |
| SRS | HS | Data | Trans |

(* 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 |
|------|-----------|---------------|------------|

ENROLLMENT CHOICES – Choose one or more of the following:

PTEC BRIDGING MODULES

PTECB 130 – Pharmacology (33 hours)

PTECB 131 – Product Preparation (33 hours)

PTECB 132 – Management of Drug Distribution Systems (39 hours)

PTECB 133 – Professional Practice (39 hours)

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.)

| | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|

| | | | | | |
|---------------------|-------|------|-----------|----|-----------|
| Desired Start Date: | Month | Year | Full Time | OR | Part Time |
|---------------------|-------|------|-----------|----|-----------|

Personal Information

| | | |
|------------------------------|---|---|
| Gender | M | F |
| Personal Education No. (PEN) | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| | | |
|---|-------|----|
| 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) |
| _____ |

VOLUNTARY DISCLOSURES

Selkirk College is dedicated to providing access to Aboriginal students and supporting them in their efforts to achieve their goals.

To assist us, please answer the following questions.

Do you identify yourself as an Aboriginal person, that is, First Nations, Metis, or Inuit? Yes No

If you identify yourself as an Aboriginal person, are you Metis? Inuit?
 (please check all that apply) : First Nations? (Status, Non-Status, Treaty, Non-Treaty)

Do you require special arrangements or assistance for a documented disability? Yes No

If yes, please check one: Learning Disability Physical Disability Mental Health

Disability Services will contact you to offer support.

| | |
|--|---|
| MAIN ACTIVITY FOR PREVIOUS YEAR <i>(Pick one ✓)</i> | LOCATION OF MAIN ACTIVITY FOR LAST YEAR <i>(Pick one ✓)</i> |
| 1) Attending Secondary School 2) Attending College 3) Attending University 4) Attending other Educational Institution 5) Working or Looking for Work 6) None of the Above | 1) In B.C. 2) In another province 3) Outside Canada |

PREVIOUS EDUCATION

| | | | | | | |
|---|------------------|--------------------------|----------------|------|-----------|--|
| Name of Most Recent High School Attended: | City / Province: | Highest Grade Completed: | Years Attended | | Grad Date | |
| | | | From: | Year | Month | |
| | | | To: | | | |
| School District Number: | | | | | | |

EMPLOYMENT HISTORY

| | | | |
|---------------------------------------|------------------|----------------|--------------|
| Name of Current/Most Recent Employer: | Contact Person: | Date Employed | |
| | | From (Yr/Mon): | To (Yr/Mon): |
| Address: | City / Province: | Day Phone: | Cell Phone: |

| | | | | | | | | | | | | | | | |
|---|----------------------|--|--|--|--|--|--|--|--|--|--|--|-------------|----|--|
| 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 | |
| | | | | | | | | | | | | | | | |

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*