Doctor of Pharmacy for Working Professionals

Resume – Background Information

Instructions: Once this fillable form is completed, save it on your computer and then upload to your application.

APPLICANT INFORMATION				
Student Name:	Student #:			
Primary Telephone:	Work/Other Phone:			
PHARMACY DEGREE/EDUCATION	ON			
Degree Title:	University:			
Licensure				
PEBC License Number:	Date/Anticipated Date:			
List Canadian province(s) where y	you hold a license to practice pharmacy:			
Province	License Number	License Number License D		
	NCE rrently work as a pharmacist: ed work experience since obtaining your li			
Position Title	Employer and Address	Start Date (MM/YY)	End Date (MM/YY)	

CERTIFICATIONS

List all certifications/qualifications attained (for example: residency, injection training, minor ailments, prescribing, etc.):

	Expiry/Renewal Date (if applicable)

PROFESSIONAL ACTIVITIES

List memberships, offices held and/or committee participation in organizations:

Organization	Membership, Office, or Committee	Dates

List any additional professional activities (e.g. preceptor experience, presentations, poster presentations, publications).