

PEBC ID #: if previously assigned	
NAPRA	3503-374

7						GATE	WAY	ID #:	3503-374
PERSONAL INFORMATION	N					<u> </u>			
Salutation Miss	Surname(s)/Fam	Surname(s)/Family Name(s)			ADAWY				
First Name & Middle Name	e(s) as they appear on y	our docu	uments AYA NAZM	Y YOUS	SIF				
Former Name(s) prior to marriage or other legal name changes AYA NAZMY YOUSSIF EIMAADAWY								Date of Birt	h 14/08/1993
Apt #, Street #, Street Name, P.O. Box # 23 EI-Sherief EI-Rady st.					City Mansoura				
Province/State Dak	Postal Code Dakahlia			Country 5511			Egypt		
Area Code & Cell # if applicable	+201064	44324	147	Area Code 8 if applicable	& Home #	()5023	303139	
Area Code & Work # if applicable				Email	ayana	zmyy14	893@	gmail.co	m
EDUCATION					FIRST PHO	TO - CERT	IFIED		
Name of University Mansoura U	niversity	Name	of University			st be taken v EBC receive			
Country of University Egyp	t	Countr	ry of University		maximum	size: 50 r	mm x 7	0 mm	Witness stamp/ signature must
Name of Degree Bachelor of p	Name of Degree			Glue one passport acceptable photo here identical to photo on 2nd p		age	cover both front of photo and application Example		
Graduation Date mm/yyyy 07/201	7	Gradua	ation Date mm/yyyy		minimum 35 mm x				Example
LICENSING RECORD					So min x	40 111111			Signature

Country of Licence	Country of Licence
Egypt	
Licensing Body	Licensing Body
Egyptian pharmacists syndicate	

PAYMENT DATE: Jan 28, 2021 PAYMENT TYPE:MC **AMOUNT PAID: \$675.00**



DECLARATION

I hereby declare that all the information given in this application and in all documents submitted herewith is true and accurate and that the attached photograph is a recent photograph of myself (within one year). I also declare that I am the person referred to in the documents which are being submitted in support of this application. I understand that falsification of this application, submission of falsified documents to The Pharmacy Examining Board of Canada, (hereafter referred to as "the Board"), or submission of falsified Board documents to other agencies may be sufficient cause for the Board to bar me from the Evaluating Examination or to take appropriate action as it sees fit. I will conduct myself in a professional manner when interacting with the Board and examination staff before, during and after the examination and I will follow PEBC examination policies, procedures and rules of conduct. I declare I am not now, nor have I ever been, suspended by my regulatory authority/association, convicted of any breach of any pharmacy act or regulations or of any of the acts governing the practice of pharmacy. I hereby authorize the Board to collect and use any information contained in this application for the purposes of examining and evaluating my documents and to collect and use information about me from any third party source in support of such examination and evaluation. I hereby authorize the Board to disclose: any information contained in this application, any information collected or received by the Board from any source in connection with this application, and any information resulting from such document examination and evaluation to any Canadian federal or provincial government, regulatory authority or investigative body, to any foreign government, regulatory authority or investigative body and to any educational authority in any jurisdiction who, in the opinion of the Board, has a legitimate interest in reviewing such information. I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Signature of	Signature of	FOR OFFICE	USE ONLY
Applicant: Witness:	Processed		
Witness Name: please print			
Witness Title / Profession:		Approved	
Declared before	on:		
me at: city	dd/mm/yyyy	0217-V1	Page 1/2

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ii previousiy assigned	

SECOND PHOTO - DATED

CHECKLIST ☑

Applicant Name:

please print

Use this checklist to review your application. Your application will not be accepted until all Date is written/stamped on back of photo. requirements are met. Visit www.pebc.ca for complete information on each required item. Photo must be taken within one year of the date PEBC receives this application. PHOTOS - Two identical photos taken within one year of PEBC receiving this application ☐ First photo glued to page 1 of application, signed/stamped by an acceptable witness maximum size: 50 mm x 70 mm ☐ Second photo stapled to this page of the application -----Staple one passport with date taken written/stamped in English or French on back of photo acceptable photo here identical to photo on 1st page PAGE 1 OF APPLICATION minimum size: ☐ All names, including middle names, entered exactly as they appear on your identification documents 35 mm x 45 mm ☐ Email address clearly and correctly filled in, as email is PEBC's primary form of communication ☐ All other required fields have been filled in ☐ You have signed the application in the presence of a witness from the acceptable witness list on the PEBC website ☐ Witness has filled in the city, date, name, profession, signed the application and signed/stamped the photo on page 1 **IDENTIFICATION DOCUMENTS** ☐ Certified identification: a copy of either your birth certificate, valid passport, Canadian Citizenship Card (both sides), Canadian Citizenship Certificate (both sides) or an original statutory declaration and copies of two pieces of supporting identification, have been signed and/or stamped on each page by an acceptable witness ☐ If your name has changed, a copy of your marriage certificate or change of name document has also been certified on each page by an acceptable witness **UNIVERSITY DEGREE CERTIFICATE** ☐ A copy of your original language university degree certificate has been properly certified **UNIVERSITY TRANSCRIPT** ☐ You have asked your university to send your transcript directly to PEBC LICENSING INFORMATION ☐ You have asked that a licensing statement be sent directly from any licensing authorities you have ever been licensed by and/or you have had a statutory declaration created to verify your current licensing status **TRANSLATIONS** ☐ If any document or witness information is in a language other than English or French, it has been translated by a government appointed, official translator and the original translation will be sent with the application REFUND POLICY ☐ You have read and understand the PEBC withdrawal and refund policy found in the application instructions on the PEBC website I confirm that all of the above requirements have been met:

Applicant Signature: