



Credit Card Authorization Form

I, _____ (please print full name) _____ (OCP Number if applicable)

authorize the Ontario College of Pharmacists to charge the following amount to the credit card indicated below:

Please check the appropriate boxes:

Registration

- Pre-Registration Fee \$146.90
- Studentship Application Fee \$231.65
- Internship Application Fee \$231.65

General

- Duplicate Receipt or Wallet Card \$11.30
- Replacement Wall Certificate \$22.60

Jurisprudence

- Jurisprudence Application Fee \$226.00
- Jurisprudence Seminar Fee \$101.70

Licensure

- Pharmacist Application Fee \$231.65
- Internship Training Fee *(required if SPT Internship was completed)* \$463.30
- Studentship Training Fee *(required if SPT Studentship was completed)* \$463.30
- New Registrant Annual Fee – Part A \$678.00
- New Registrant Annual Fee – Part A Pro-Rated *(only if registering between September 1 - March 9)* \$339.00
- New Registrant Annual Fee – Part B *(non-practicing, no direct patient care)* \$339.00
- New Registrant Annual Fee – Part B Pro-Rated *(only if registering between September 1 - March 9)* \$169.50

Annual Renewal

- Annual Fee: Part A Pharmacists \$678.00
- Annual Fee: Part B Pharmacists \$339.00
- Late Payment Fee – 30 days \$113.00
- Late Payment Fee – after 30 days \$169.50
- Fee to Lift Suspension \$169.50
- Reinstatement \$282.50

Other for the purpose of: _____

\$ _____
(enter dollar amount)

Credit Card Information

Credit Card Type: MasterCard Visa American Express

Credit Card Number: _____/_____/_____/_____

Expiration Date: _____/_____/_____
Month Year

Card Holder's Name: _____ Phone: _____
(if a problem occurs with your credit card)

Signature: _____ Date: _____