# CALIFORNIA PHARMACY JURISPRUDENCE EXAMINATION REGISTRATION FORM

*Before you begin. . .*

*Read the Candidate Information Bulletin before filling out this registration form. You must provide all information requested and submit the appropriate fee. PLEASE TYPE OR PRINT LEGIBLY. Registration forms that are incomplete, illegible, or not accompanied by the proper fee will be returned unprocessed. Registration fees are not refundable.*

1. **Legal Name:**

Last Name (Jr/III)

First Name Middle Name

2. **Candidate ID #:**

3. **Mailing Address:**

Number, Street Apt/Ste

City State Zip Code -

4. **Telephone:** Home - Office -

5. **Email:** _____@_____

6. **Examination:** ☐ California Pharmacy Jurisprudence Examination ($33)

7. **Total Fee $**_____ (Money Order or Cashier's Check only. Personal and company checks are not accepted.)

Credit card (MasterCard or VISA) payment accepted for phone or fax registrations only. (Check One): ☐ MC ☐ VISA

Card No:_____ Exp. Date:_____

Card Verification No:_____

*For your security, PSI requires you to enter the card identification number located on your credit card. The card identification number is located on the back of the card and consists of the last three digits on the signature strip.*

Cardholder Name (Print):_____ Signature:_____

9. **Affidavit:** *I certify that the information provided on this registration form (and/or telephonically to PSI) is correct. I understand that any falsification of information may result in denial of registration. I have read and understand the candidate information bulletin.*

**Signature**:_____ **Date:**_____

When you have finished this form in its entirety, please mail the form, along with the appropriate fees, to the address below.

**PSI licensure:certification * ATTN: Examination Registration CA CPJE**
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