



HONORARIUM CLAIM FORM

Pharmacy Technician Assessment (PTA)

Please complete the following, attach documentation as applicable, and email it to registrations@nspharmacists.ca

Assessor Name:

NSCP #:

Email Address:

Phone:

Mailing Address:

Candidate Name:

Pharmacy Technician Assessment Completion Date:

Co-Assessor Name (if applicable):

Note: Co-assessors must each submit a separate claim form

Request for Honorarium:

I have completed the pharmacy technician assessment as noted above and am requesting payment of the PTA honorarium.

This is my first claim for a PTA honorarium

If yes, I have included:

A photo of a VOID cheque or print out from my bank

My SIN number

I would prefer to give my SIN by phone (please call me)

Signature

Date