

## FPGEC Attestation

I hereby certify that the information I have provided to NABP related to this Attestation is true, accurate, and complete to the best of my knowledge, and that I have enclosed a recent photograph of myself consistent with the requirements in the Foreign Pharmacy Graduate Education Committee (FPGEC) Candidate Application Bulletin (Bulletin).

I hereby acknowledge that this Attestation is part of my FPGEC application.

I agree to separately submit the following FPGEC application documents as further described in the Bulletin:

1. An online FPGEC application;
2. A copy of my license and/or registration from the country where I am currently licensed; and
3. An application and required fees to Educational Credential Evaluators (ECE).

I acknowledge that if I do not timely submit a complete FPGEC application, NABP may close my FPGEC application without issuing a refund. If NABP closes my FPGEC application because it is incomplete and I still wish to achieve FPGEC certification, I acknowledge that I will have to submit a new, complete FPGEC application and pay the then applicable application fee. Please see the Bulletin for further details.

I hereby certify that I have not and will not engage in any prohibited activities or misconduct as described in this Attestation, the online application, or the Bulletin, such as fraud or cheating, related to my FPGEC application, the FPGEC Certification program, or FPGEE.

I hereby authorize NABP to share with pharmacy regulatory or law enforcement authorities any information regarding my FPGEC application, including this Attestation and photograph(s), my participation in or disqualification from the FPGEC Certification program, or my TOEFL iBT or FPGEE test(s) including, without limitation, scores, status, or misconduct.

I further authorize the FPGEC to provide any information related to my FPGEC application, including this Attestation and photograph(s), or information that may otherwise become available to the FPGEC, to any organization or individual who may assist NABP in reviewing my FPGEC application, evaluating the validity of FPGEC application-related information, determining my eligibility for FPGEC Certification, or who has or had a relationship or connection to me and, in the reasonable judgment of the FPGEC, may have a legitimate interest in such information including, without limitation, a school of pharmacy that I attended or a testing organization that administered a test to me that is required by the FPGEC Certification program.

I hereby attest that I read this Attestation and the Bulletin and I hereby agree with their terms and requirements.

I further attest that I have and, to the best of my ability will continue to, comply with the Attestation and Bulletin terms and requirements.

Applicant must print and sign his/her full name in English on the first lines below, but only in the presence of one of the following individuals: a Notary Public, Consular Official, or First-Class Magistrate.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name

The following is to be completed by a Notary Public, Consular Official, or First-Class Magistrate in English:

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Notary Public, Consular Official, or First-Class Magistrate:

\_\_\_\_\_  
Official Title \_\_\_\_\_

If official title and/or seal is not in English, FPGEC requires an official translation. Alterations or erasures of any kind on this page will void the Attestation.

ATTACH ONE PHOTOGRAPH  
HERE

One additional identical  
photograph must  
accompany this application.

Seal, stamp, or signature of  
official must cover a portion  
of the attached photograph  
and the application.