

B) TERTIARY EDUCATION

INSTITUTION OF TRAINING	PROGRAMME DURATION		QUALIFICATION OBTAINED
	FROM	TO	
	MONTH/YEAR	MONTH/YEAR	

C) EMPLOYMENT DATA

Please provide below, a systematic outline of employment history including National Service/Internship, Part-time/Locum and Present Employment.

INSTITUTION	POSITION HELD	DURATION	
		FROM	TO

1. In event of change of employment, please notify the Records Department of the Council accordingly.
2. Please note that this document will be treated with strict confidentiality.

DATE:

SIGNATURE:

THE PHARMACY ACT 1994

SECTION 16

APPLICATION FOR REGISTRATION AS A PHARMACIST

THE REGISTRAR
PHARMACY COUNCIL
P.O. BOX AN 10344
ACCRA-NORTH

I
(SURNAME) (FIRST NAME) (OTHERS)

OF hereby make
(PERMANENT POSTAL ADDRESS)

application for registration as a Pharmacist. My qualifications are

.....

I enclose the registration fee of GHC

Signature:

Date:

FOR OFFICIAL USE ONLY

Pharmacy Council receipt No.: Amount Paid: GHC.....

PHARMACIST REGISTRATION NO.: