



PHARMACY COUNCIL

APPLICATION FOR ACCREDITATION AS A TRAINER OF MEDICINE COUNTER ASSISTANTS

1. Name of Institution.....
2. Location Address.....
3. Postal Address.....
4. Telephone.....
5. E-mail.....

6. Type of structure housing the Institution or intended to be used for that purpose

- Permanent Sandcrete Building
- Wooden Structure
- Other, Specify.....

7 a. What is the approximate floor space (in square meters) available in the structure for exclusive use by the trainees?

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7 b. What is the proposed size of a class?.....

8. Is the current location the permanent site for the Institution? Yes No

9. If the answer to 8 is No, give the location of the proposed permanent site

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10. Name of the institution's proprietor.....

11. Qualification(s) of the proprietor.....

12. Name of the Training Coordinator.....

13. Qualification(s) of the Training Coordinator.....

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14. List other Partners/Directors, qualifications and positions if applicable

| <i>Name</i> | <i>Qualification</i> | <i>Position</i> |
|--------------------|-----------------------------|------------------------|
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15. List all the Resource Persons you intend to use for the training

| <i>Name</i> | <i>Qualification</i> | <i>Area of specialization</i> | <i>Years of experience</i> |
|--------------------|-----------------------------|--------------------------------------|-----------------------------------|
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Use an additional sheet if necessary

16. Check the applicable facilities to be used in the training program

- Spacious classrooms
- Adequate furniture
- White board
- Audio-visual equipment

- ❑ Retail Pharmacies for practical training
- ❑ Computers
- ❑ Accessibility
- ❑ Others, specify.....
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17. How do you intend to fund the training program?.....

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DOCUMENTS TO BE ATTACHED TO THE APPLICATION

1. A copy of the company’s registration status with the Registrar General Department
2. A printed (double-spaced) statement of purpose outlining the mission and vision of the Institution.
3. A copy of the site plan for your facility showing the provision of toilet facilities and their location within the building.
4. Curricula vitae of the training coordinator and the other resource persons.

**IDO HEREBY
 DECLARE THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION
 PROVIDED IS CORRECT AND I MAKE THIS SOLEMN DECLARATION
 CONSCIENTIOUSLY BELIEVING THE SAME TO BE TRUE.**

SIGNATURE

DATE