



Affix passport
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photograph

PHARMACY COUNCIL, GHANA
PHARMACY INTERNSHIP FOR FOREIGN
PRACTISING PHARMACISTS

APPLICATION FORM

1. Name.....
(Surname) (Other names)

2. Date of Birth.....3. Place of Birth.....
(dd/mm/yyyy) (city/town, country)

4. Nationality.....

5. Permanent address

6. Contact address if different from 5

7. Tel. Res.....Tel. Cellular.....

8. E-mail address.....

9. Place of Residence in Ghana.....

10. Pharmacy Institution(s) attended.....

11. From.....to.....
(mm / yyyy) (mm / yyyy)

12. Qualification and Date obtained.....
(mm/yyyy)

13. Indicate in order of preference proposed internship sites

HOSPITAL PHARMACY INTERNSHIP SITE

1st Choice.....

2nd Choice.....

3rd Choice.....

COMMUNITY PHARMACY INTERNSHIP SITE

1ST Choice.....

2nd Choice.....

3rd Choice.....

Signature of applicant.....

Date.....

NOTE: The Pharmacy Council cannot guarantee that all applicants for the internship will be posted to institutions of their first choice.

FOR OFFICIAL USE ONLY

Applicant posted to: Hospital Community Pharmacy

Name of Hospital:.....From.....To.....

Community Pharmacy:.....From.....To.....

Signature of Officer.....