



PHARMACY COUNCIL, GHANA
APPLICATION FOR PHARMACY INTERNSHIP TRAINING

Please affix a recent passport-sized photograph

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

2. Status: Fresh graduate Foreign practicing pharmacist

3. NSS Number
(For fresh graduates only)

4. Date of Birth..... Place of Birth.....
(dd/mm/yyyy) (City/Town, Country)

5. Nationality.....

6. Contact Address:
Email:
Phone Number:

7. Place of Residence in Ghana.....

8. Pharmacy Institution attended.....

9. Year of Entry.....

10. Year of Graduation.....

11. Qualification obtained..... Date:
(mm/yyyy)

12. Introductory Pharmacy Practice Experience (IPPE) you have undergone.

Institution	Job Description	Duration

13. Advanced Pharmacy Practice Experience (APPE) you have undergone.(where applicable)

Institution	Job Description	Duration

14. INTERNSHIP PROGRAMME:

A. HOSPITAL PHARMACY PRACTICE / OTHER INSTITUTIONS (Phase 1)

Indicate in order of preference proposed region, district and institution for the internship

REGION	DISTRICT	PROPOSED INSTITUTION
	1 st choice	
	2 nd choice	

B. COMMUNITY PHARMACY PRACTICE (Phase 2)

Indicate in order of preference proposed facilities for the community pharmacy practice experience

1st Choice.....

2nd Choice.....

(NOTE: The Pharmacy Council cannot guarantee that applicants will be posted to institutions of their choice.)

15. Were you sponsored by any government institution or mission? If yes, indicate the following:

Name of Institution.....

Location.....

16. Have you done National Service before? If yes, provide the following details:
(For nationals only)

Year..... Status.....

17. Attach certified copies of academic certificates and evidence of nationality.

Signature of applicant..... Date.....

FOR OFFICIAL USE ONLY

Applicant posted to: Hospital Other Institution

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

Other Institution: From.....To.....

Community Practice: From..... To.....

Signature of Officer.....

GHANA PHARMACY COUNCIL QUESTIONNAIRE (please complete this part)

<i>Title</i>	<i>Surname (family name)</i>	<i>First Names</i>
<i>Surname (before marriage if applicable)</i>		
<i>Address –</i>		
<i>E-mail address</i>		
<i>University from which Degree was obtained and Title of Degree</i>		
<i>Date Degree was commenced and completed</i>		
<i>Date you first Registered and acquired the Right to practice as a Pharmacist in your country and Registration Number</i>		
<i>Have you previously applied for registration with the Council? Yes/No (tick)</i> <i>If Yes, state date of application</i>		

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION PROVIDED IS CORRECT

Signature.....

Date.....

If you wish to provide any additional information, please do so overleaf.

STATUTORY DECLARATION

I -----/
(First name and middle names in full) (Surname or family name)

Of (address) -----

With a pharmacy degree from:----- (place) obtained in ----
----- (year) and registered as a pharmacist eligible to register as a pharmacist
(delete as appropriate) in ----- (country) do solemnly and sincerely
declare that I am the person referred to in the following documents which accompany this
declaration:

- A certified copy of my degree in Pharmacy in the name of -----
----- (insert name as it appears on this document)
- The copy of my current curriculum vitae in the name of -----
----- (insert name as it appears on this document)
- A certified copy of my the personal details column of my passport-----
----- (insert name as it appears on this document)
- My Completed , signed and dated questionnaire in the name of:-----
----- (insert name as it appears on this document)

AND I MAKE THIS SOLEMN DECLARATION

Declared at -----this -----
----- date of -----

Signature of applicant -----