



REGISTERED PHARMACIST PERSONAL INFORMATION

PHARMACIST
REGISTRATION NUMBER

Passport size
photograph

(A) PERSONAL DETAILS

TITLE (Miss, Mr., Mrs., Dr., Prof.)

I. SURNAME FIRST NAME OTHER NAMES

<input type="text"/>	<input type="text"/>	<input type="text"/>
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II. FORMER/MAIDEN NAME(*if any*)

<input type="text"/>

III. DATE OF BIRTH

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

IV. SEX

MALE FEMALE

V. NATIONALITY HOMETOWN REGION

<input type="text"/>	<input type="text"/>	<input type="text"/>
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VI. MARITAL STATUS

SINGLE MARRIED

VII. PERMANENT ADDRESS

RESIDENTIAL	POSTAL
H/No.:	
Street No./Name:	
Area/Suburb:	
Town:	
GPS Code:	
Email Address	

VIII. TELEPHONE NO.:

<input type="text"/>	<input type="text"/>
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RESIDENTIAL/PERSONAL

OFFICE (B)

TERTIARY EDUCATION

INSTITUTION OF TRAINING	PROGRAM DURATION				QUALIFICATION OBTAINED
	FROM		TO		
	MONTH	YEAR	MONTH	YEAR	

(C) INTERNSHIP

INSTITUTION	FROM		TC	
	MONTH	YEAR	MONTH	YEAR

SIGNATURE:

DATE:



THE HEALTH PROFESSIONS REGULATORY BODIES ACT, 2013 (ACT 857)

SECTIONS 82-84

APPLICATION FOR REGISTRATION AS A PHARMACIST

THE REGISTRAR

PHARMACY COUNCIL

P.O.BOX AN 10344 ACCRA-NORTH.



I
(SURNAME) (FIRST NAME) (OTHERS)

of
(PERMANENT POSTAL ADDRESS)

Hereby make application for registration as a Pharmacist. My qualification(s) are

.....

I enclose registration fee of GH¢.....

Signature:

Date:

FOR OFFICIAL USE ONLY

Pharmacy Council Receipt No.:

Amount Paid: GH¢

Pharmacist Registration No.:

Date: