



The Council of The Pharmaceutical Society of Uganda

Our Ref:
Your Ref:
Date:

P.O BOX, 3774
Kampala, Uganda
Telephone: 0414348796, 0392174280
Email: psupc@psu.or.ug
Website: www.psu.or.ug

APPLICATION FORM FOR A CERTIFICATE OF PRACTICE 2018
(In accordance with The Pharmacy and Drugs Act CAP 280 Sections 9, 11, 19 and 21)

(Fill all items on this form and append attachments wherever necessary.)

Print or use capital letters.

Application No: _____

Please duly complete this form. Incomplete applications with insufficient information will not be considered.

1. Pharmacist's name _____
2. Registration number/year of registration _____
3. Physical address of the Pharmacist

4. Which pharmacy practice have you been practicing during the previous year:

Category	Tick as applicable	Category	Tick as applicable
Retail Pharmacy		Regulatory	
Wholesale pharmacy		NGO	
Wholesale and Retail pharmacy setting		Private Hospital	
Manufacturing		Public Hospital	
Marketing/ sales		Research/Academia	
Procurement and supply chain management		Medical representation	
Pharmaceutical Consultancy			
Others (please specify)			



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8. State the number of hours of Continuous Professional development attained during the course of the year (Minimum hours prescribed by the Council; Attach copy of your CPD Diary/record)

9. Are you satisfied with the premises, documentation, professional service delivery and personnel performance in the facility in which you are practicing/ intend to practice in (Yes/No)? ____ If no, what changes do you propose?

I hereby certify that the information indicated is true and correct and do commit myself to securing the highest practicable Standards in the Practice of Pharmacy and compliance to the Pharmacist's oath and code of conduct for Pharmacists in Uganda at all times.

Name of the Supervising/Practicing Pharmacist: - _____

Date & Signature _____

Phone _____ **Email** _____

For Official Use only

1. Information verified : Yes No

2. Application approved : Yes No

If not approved provide reason below

Secretary, Council of the Pharmaceutical Society of Uganda