

The Council Of The Pharmaceutical

Society Of Uganda

Our Ref:

017/PSU/2020

Your Ref:

Date:

January 20th, 2020

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NOTICE OF FIRST 2020 QUALIFYING EXAMINATIONS FOR MEMBERSHIP

Notice is hereby given that the first 2020 Qualifying Examinations for membership to The Pharmaceutical Society of Uganda will take place on Thursday 27th of February 2020 at Makerere University department of Pharmacy, Kampala.

The deadline for receiving applications is Monday 17th February 2020 at 4:30pm.

All eligible candidates are therefore required to apply on line at www.psucop.com, print the application and bring hard copy with all requirements [attached] to The Secretariat of The Pharmaceutical Society of Uganda located at Plot 1847 Banda/Kyambogo, Kampala before the closing date.

Note: Only candidates who meet the requirements will be invited to sit for this Qualifying Examinations for membership to the Society.

Yours Faithfully

STAN

Dr. Opio Samuel Acuti Secretary, The Pharmaceutical Society of Uganda



Requirements for applying for the qualifying examinations for membership (Pre-registration Exam)

- Written/Typed application letter addressed to the Secretary Pharmaceutical Society of Uganda
- Pre-registration application form (See attachment).
- Pre-registration online application done through the PSU website <u>www.psucop.com</u> then a printout handed in at PSU.
- Updated Curriculum vitae (C.V)
- Letter of completion of internship from the respective internship centres and placements in the various rotational sites
- A copy of provisional certificate of practice
- Certified academic transcript (applies to applicants who never submitted theirs during pre-internship application)
- Certified degree certificate (applies to applicants who never submitted theirs during pre-internship application)
- Proof of payment of examination fees (For Ugandans 350,000/=, Three hundred fifty thousand shillings only) and non-Ugandan 200 Dollars
- Membership File 10,000/= (for applicants who never paid at a time of application for pre-internship exams). Banked with examination fees
- One coloured passport photo.

Applicants re-siting the exam should submit:-

- Written/Typed application letter addressed to the Secretary Pharmaceutical Society of Uganda
- Pre-registration online application done through the PSU website <u>www.psucop.com</u> then a printout handed in.
- Copy of previous Pre-registration results
- Proof of payment of examination fees (For Ugandans 350,000/=, Three hundred fifty thousand shillings only) and non-Ugandan 200 Dollars



COUNCIL OF THE PHARMACEUTICAL SOCIETY OF UGANDA PRE-REGISTRATION EXAM APPLICATION FORM

(FILL IN BLOCK LETTERS, ONLINE APPLICATIONS SHOULD ALSO BE FILLED IN ADDITION TO THE HARDCOPY)

1.	Name		Current	
2.	Date of birth (Attach copy of Birth certificate)		passport photo	
3.	Sex			
4.	Nationality			
	If Non-Ugandan, attach copy of passport			
5.	Internship Centre			
6.	Date of commencement of internship	Completion date		
7.	Primary education (Attach copy of PLE certificate or its equivalent)			
	Name of Schools studied	Year(s) of study		
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8.	Secondary education (O level) (Attach copy of O level)	el certificate or its equivalent)	
	Name of Schools studied	Year(s) of study		
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9.	Secondary education (A level) (Attach copy of A lev	·		
	Name of Schools studied	Year(s) of study		
10	. University education (Attach certified Academic tra	necript and certified Degree C	'ertificate)	
10	Country of study	niscript and certified Degree C	ertificate)	
	Course of study			
	Period of study			
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11	Date of graduation Additional attachments			
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	Evidence of completion of internship.			
	 Updated curriculum vitae (Note more than 3 pa 	ages).		

Evidence for payment of Pre-registration fees as applicable.



COUNCIL OF THE PHARMACEUTICAL SOCIETY OF UGANDA PRE-REGISTRATION EXAM APPLICATION FORM

(FILL IN BLOCK LETTERS, ONLINE APPLICATIONS SHOULD ALSO BE FILLED IN ADDITION TO THE HARDCOPY)

- Self-hand written/typed application letter addressed to the secretary, PSU.
- Copy of Pre-internship examination results.

This is to certify that the information provided is true and correct.		
Signature and date		
For official use		
All attachments provided. Yes No		
Information verified and found to be accurate Yes		
Approval given Yes No		
If no reason		
Signed:		

Secretary, Council of the Pharmaceutical Society of Uganda