



THE REPUBLIC OF UGANDA

PHARMACY AND DRUGS ACT 1970

APPLICATION FOR REGISTRATION AS A PHARMACIST

THE REGISTRAR, PHARMACY BOARD

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I of hereby make application for registration as a pharmacist.

I hereby declare to the best of my knowledge and belief that I am aware of any circumstances which would disqualify me for registration purposes.

My qualifications are:
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I enclose the following Degrees/Diplomas/Certificates:
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.....
.....

and certificate of proof that I am a member of the pharmaceutical society of Uganda.

Reg. No

Date Signature

Fees; Shs

1. Particulars of the applicant

- a. Name of applicant
- b. Nationality
- c. Gender
- d. Marital Status
- e. Country and Home District
- f. Address
- g. Residence
- h. Date and Place of Birth
- i. Employer/ Institution
- j. Understanding of English: Spoken- Good/Fair/None
Written – Good/Fair/None
- k. Other languages spoken

2. Professional Status

- a) Newly Qualified
- b) Practicing; if registered before, state registration No. Country address,
and email contact of the registration body
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3. Educational qualifications

a) University Education record

Country	Name of university	Award Title	Duration of Training	Year of Award

b) University/ College Transcript and Degree Certificate(s) (Certified/Notarized copies bearing the original stamp/seal)

4. Record of Internship Training

Name of the internship Centre and Year of Completion.....

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5. Membership to Professional Bodies

a) Are you a member of a National/Regional/ International pharmaceutical association/Society? **Yes / No**. if yes, attach evidence.

b) Are you registered with any Pharmaceutical Board/Council or similar regulatory Body? **Yes/No**, if yes attach evidence.

6. Reasons for the application

- a) Registration as a pharmacist
- b) Certificate of Good Standing
- c) Replacement of Lost Certificate
- d) Replacement of Certificates issued Sept 1994 – Feb 2012

7. Purpose

Practice pharmacy in Uganda/Others State.....

8. Additional Information

Have you been convicted by court in Uganda or elsewhere? **Yes/No.**
 If yes, give details of the offence

9. Have you been judged by court to be of unsound mind? **Yes/No.**
 If yes, give details

10. Have you been judged an insolvent or Bankrupt? **Yes/No.**
 If yes, has court granted you a certificate indicating that insolvency/Bankruptcy arose wholly/partly from unavoidable losses or misfortune? **Yes/ No.**
 If yes, attach evidence/copy of the certificate.

11. Declaration

I the undersigned do hereby certify that the information given by me above is true and correct.

Name Signature Date