



**COUNCIL OF THE
PHARMACEUTICAL SOCIETY OF UGANDA
PHARMACIST RESIGNATION FORM**

This form is to be filled and submitted to PSU with necessary accompanying documents.

ORIGINAL COPY-PSU, DUPLICATE COPY-PHARMACY

(NB: Letter of intention to resign stating the reasons for intended resignation MUST be first written and approved by the PSU secretariat before one commences the resignation process)

1. Name of the Pharmacist _____ Registration no. _____
2. Name of Pharmacy & Location _____
3. Number of years/period worked at the Pharmacy/organization _____
4. Reason(s) for resignation (Tick as appropriate)
Financial Professional Personal Others
5. Briefly detail the reasons stated above (attachments may be provided)

6. Resignation letter attached & copied to NDA Yes No
7. Notice period of resignation (Minimum 1 month) _____
8. Effective date of resignation _____
9. Original copy of the PSU certificate of practice returned (Attach)?
Yes No
If no explain _____
10. 'Original copy of the NDA license returned? (Attach proof of receipt by NDA, e.g. stamped 'Received' copy by NDA)
Yes No If no explain _____
11. PSU Self-Inspection checklist filled and updated as at date of resignation & stock summary report provided
Yes No
12. Is the Pharmacist handing over to another Pharmacist?
Yes , Name of Pharmacist handing over to _____ Signature _____
No , Attach commitment letter from the Pharmacy to cease operations from the date of resignation till another Pharmacist is employed.

NB: This form MUST be filled and necessary attachments provided prior to issuance of any NEW certificates of practice. Any other issues outside this shall be handled on a case to case basis.

Signed (Pharmacist): _____ Signed (Pharmacy director) _____
Date : _____ Date _____