



The Council Of The Pharmaceutical Society Of Uganda

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YEARS

Our Ref: 0166/01/PSU/2024

Your Ref:

Date: 21st June 2024

Notice of the 2nd Qualifying/Pre-Registration Examinations 2024 for Membership to PSU

Subject to section 7(1) of the Pharmacy and Drugs Act CAP 280 Laws of Uganda, notice is hereby given that the 2nd Qualifying/Pre-registration Examinations 2024 for membership to The Pharmaceutical Society of Uganda will be conducted on Thursday the 22nd of August 2024 from 9 am to 12 noon. The venue for the said examination will be communicated in the invitation letters.

All eligible candidates are hereby required to apply by Tuesday the 13th of August 2024 at 5pm. Briefing and collecting invitation letters in person shall be held on 20th August 2024 at Pharmacy House starting at 11:00 am. The application should be done both;

1- Online through www.psupcop.com

2- And by filling in hardcopy with necessary attachments (See attached list of requirements).

A hard copy of the application should be physically submitted to the PSU Secretariat at Pharmacy House, Plot 1847 on East African Road, Banda-Kyambogo, Kampala.

Only candidates who meet the requirements will be invited to sit for this Examination. No candidate save with a justifiable reason(s) communicated in writing to the PSU secretary before the briefing shall be allowed to sit the examination.

Per medicatum servium
(With medicines We serve),

Dr. Lutoti Stephen
Secretary, Pharmaceutical Society of Uganda



CONTINUATION SHEET

Requirements to apply for the qualifying examinations for PSU membership (Pre-registration Exam)

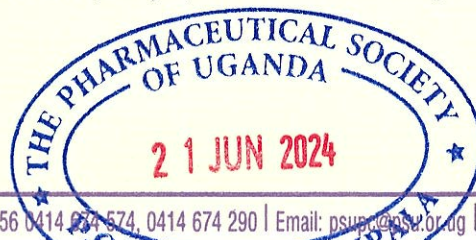
A) Fresh applicants

- ❖ Hand-written application letter addressed to the Secretary Pharmaceutical Society of Uganda
- ❖ Hand filled Pre-registration Exam application form (See attachment).
- ❖ Pre-registration Exam online application done through the PSU website under link www.psucop.com
- ❖ Updated Curriculum vitae (C.V)
- ❖ A copy of the provisional certificate of practice for the internship issued by the PSU council at the start of the internship and the assigned external rotations.
- ❖ Letter/certificate of completion of internship from the assigned PSU council-approved Pharmacy training internship centers and placements in the various rotational sites under the assigned supervisors.
- ❖ A complete filled log book for your internship period
- ❖ A self-reflective end-of-internship report that covers the following areas:-
 1. Narrative of achievements at the internship center/rotation site
 2. Narrative of challenges at the internship center/rotation site
 3. Lessons learned
 4. RecommendationsFont Times New Roman, 1.5 spacing, add photos where applicable, and sign the report (page limit not less than 5 pages, avoid plagiarism)
- ❖ Certified academic transcript and degree certificate of accredited Bachelor of Pharmacy program from the university recognized by both the PSU council and UNCHE.
- ❖ An equivalent of your degree from the National Council for Higher Education with all the core pharmacy course units/ subjects in the approved minimum standard for the bachelor of pharmacy program offered in Uganda copy of which is on the PSU website (**This applies to persons who attained their Degrees from Universities abroad**)
- ❖ Proof of payment of examination fees (For Ugandans 360,000/=, Three hundred sixty thousand shillings only) and non-Ugandan 200 Dollars, Banked on 9030005895331 Stanbic Bank. Use Stanbic bank branches and Stanbic bank agents only. **Please note;** Avoid Mobile Money payments at this stage.
- ❖ One colored passport photo.
- ❖ Work permit (Non-Ugandans)

B) Applicants re-siting the exam should submit: -

- ❖ Hand-written application letter addressed to the Secretary Pharmaceutical Society of Uganda
- ❖ Pre-registration online application done through the PSU website www.psucop.com
- ❖ Copy of previous Pre-registration results
- ❖ Proof of payment of examination fees (For Ugandans 360,000/=, Three hundred sixty thousand shillings only) and non-Ugandan 200 Dollars.


Dr. Lutoti Stephen
Secretary, Pharmaceutical Society of Uganda





**COUNCIL OF THE PHARMACEUTICAL SOCIETY OF UGANDA
PRE-REGISTRATION EXAM APPLICATION FORM
(QUALIFYING EXAMINATIONS FOR MEMBERSHIP)**

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

**Current
passport photo**

1. Name _____

2. Date of birth _____

3. Sex _____

4. Nationality _____

If Non-Ugandan, attach copy of passport

5. Internship Centre _____

6. Date of commencement of internship _____ Completion date _____

7. University education (Attach certified Academic transcript and certified Degree Certificate)

- Country of study _____
- Course of study _____
- Period of study _____
- Date of graduation _____

This is to certify that the information provided above is true and correct.

Signature _____ Date _____

Name _____

Phone No _____ WhatsApp No _____

Email Address _____



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For official use

All attachments provided. **Yes** **No**

Information verified and found to be accurate **Yes** **No**

Approval given **Yes** **No**

If no reason _____

Signed: _____

Secretary, Council of the Pharmaceutical Society of Uganda