



Pharmacy Council

ADDITIONAL QUALIFICATION(S) REGISTRATION APPLICATION FORMS

1.0 Personal Details

1.1 Title

1.2 Surname

1.3 First & Middle name(s)

1.4 Registration number

1.5 Date of birth (dd/mm/yy)

1.6 Registered Address

1.7 Current Workplace Address

1.8 Area of Practice

1.9 Email address

2.0 Contact details (Home/Work/Mobile telephone numbers

2.0 Course details

2.1 Details of additional degree acquired

2.2 Name of University which awarded the qualification

2.3 Date of award of degree

3.0 Declaration

I declare I am the above named pharmacist and shall be liable for the falsification of any information in relation to this registration.

3.1 Applicant's Signature

3.2 Date (dd/mm/yy)

4.0 Documents to be submitted with the application

1. A certified copy of your additional qualification certificate
2. A transcript from the issuing University
3. Attestation letter from the Ghana College of Pharmacists
4. Catalogue of relevant scientific papers published
5. Resume of applicant
6. Proof of citizenship (i.e. Passport)
7. A copy of your work permit in your passport. (for non-Ghanaian applicants)
8. Evidence of payment of a prescribed processing fees

Please return completed forms and its attachments to the Education and Training Department of the Pharmacy Council, Ghana