

PHARMACY COUNCIL



APPLICATION FORM FOR PRE- REGISTRATION AND PROFESSIONAL EXAMINATIONS

PART I: APPLICANT'S PERSONAL INFORMATIONS

1. Full Name: -----
First Middle Last

2. Address:

(i) Permanent: -----

(ii) Temporary: -----

(iii) Mobile No:----- Email address -----

3. Date of Birth: ----- Nationality:-----

PART II: PHARMACY CADRE

Pharmacist

Pharmaceutical Technician

Pharmaceutical Assistant

Pharmaceutical Dispenser

PART III: EXAMINATION SCHEDULE

February

June

October

PART IV: EDUCATION BACKGROUND

I have attended training and attained the qualification(s) stated hereunder;

Training institution	Course Pursued	Duration of Training	Award

PART V: ATTACHED DOCUMENTS

S/N	Documents Submitted	Original	Copy
1.	Evidence of completion of nine months of internship for pharmacists		
2.	Certified copy of certificate of secondary education		
3.	Certified copy of certificate of advanced secondary education (where applicable)		
4.	Certified copy of certificate of award in pharmaceutical sciences		
5.	Certified copies of academic transcripts		
6.	Certified copy of birth certificate or passport		
7.	Original Pay Slip for payment of examination fee of TZS. 100,000/=		

PART VI : EXAMINATION CENTRE

- (a) Dar es Salaam
- (b) Moshi
- (c) Mwanza
- (d) Mbeya
- (e) Dodoma
- (f) Others as per the Council arrangement

PART VII : EXAMINATION PAPER(S)

- a) Compounding, Pharmaceutical Calculations and Formulations
- b) Hospital and Community Pharmacy Practice
- c) Laws, Regulations, Professional Ethics and Conduct

PART VIII : EXAMINATION APPEARANCE

- (a) First time
- (b) Second time
- (c) Third time
- (d) Other Specify

PART IX : PAYMENT OF EXAMINATION FEE

Name of Bank..... Control Number.....

Date of Payment.....

Applicant's Name **Signature:**.....

Date:

FOR OFFICIAL USE ONLY

Name of the Receiving Officer

Date received: **Signature and Stamp:**

APPLICATION APPROVAL

Accepted/Not Accepted: Reasons.....

Registrar's Signature and Stamp: **Date:**.....