

PHARMACY BOARD OF PAPUA NEW GUINEA



APPLICATION FORM – FULL REGISTRATION

(PHARMACIST)

To: The Chairman  
Pharmacy Board of Papua New Guinea  
PO BOX 807  
WAIGANI  
PAPUA NEW GUINEA

Phone: 675 301 3866  
Fax: 675 323 1631

1. I \_\_\_\_\_  
(Surname) (Other Names in Full)

Registration number \_\_\_\_\_

hereby apply for Full Registration as a Pharmacist.

2. (a) Qualification \_\_\_\_\_

(Provide certified copies of Diploma, Degree, transcript, etc)

(b) I enclose herewith the amount of K100 – Pharmacist Full Registration fee

(Note: Fees must be payable to Pharmacy Board of PNG, vote 140/08 at the Provincial Finance and Treasury Cashier Office)

3. I forward the following particulars:

Address:- (i) Residential: \_\_\_\_\_

Postal: \_\_\_\_\_

Province: \_\_\_\_\_

Telephone: \_\_\_\_\_

(ii) Office Location: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

(iii) Are you in Public/Private Practice? \_\_\_\_\_

**NOTE: Registered Pharmacist should send immediate notice of any change of registered particulars to the Chairman Pharmacy Board of Papua New Guinea, PO Box 807, Waigani, Papua New Guinea**

4. I hereby certify that the particulars submitted herein are true.

Declared at \_\_\_\_\_

This \_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_ (Signature of Applicant)

Before me \_\_\_\_\_

(Commissioner of Oath/Justice of Peace/Notary Public)

**OFFICE USE ONLY:**

(a) Is the application approved or rejected? \_\_\_\_\_

(b) If rejected, state reason (s) \_\_\_\_\_

(c) Signed by \_\_\_\_\_ Date: \_\_\_\_\_