



PHARMACY COUNCIL OF THE GAMBIA
 Pipeline, off-Kairaba Ave – opposite Mosque
 Serrekunda
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 P.O.Box 4527 Bakau
 Website: www.gpc.gm



PHARMACEUTICAL PERSONNEL REGISTRATION APPLICATION
FORM

New Registration Renewal Registration No:

Pharmacist Pharmacy Technician Pharmacy Assistant Nurse Dispenser

A. PARTICULARS OF APPLICANT

SEX: Male Female

TITLE (Ms, Mr, Mrs, Pharm, Dr, Prof)

Passport Size
 photograph, if
 applicable

*New
 application
 only*

FAMILY NAME/SURNAME	FORMER/MAIDEN NAME (if any)
<input type="text"/>	<input type="text"/>

FIRST NAME(S)

DATE OF BIRTH (DD/MM/YYYY)	NATIONALITY
<input type="text"/>	<input type="text"/>

RESIDENTIAL ADDRESS	POSTAL ADDRESS
H/No.:	<input type="text"/>
Street No./Name	
Town/Area:	

TELEPHONE NUMBER	E-MAIL ADDRESS
Landline	<input type="text"/>
Mobile	

B PROFESSIONAL EDUCATION OF APPLICANT**BASIC PROFESSIONAL EDUCATION - *for new applicants only***

Type of degree/ Title on the certificate	
Name of University/Institution	
Country of University/Institution	
Date of Graduation	
Time and Places of internship Teaching hospital pharmacy General hospital pharmacy Community pharmacy Advanced institutional rotation	

CONTINUING PROFESSIONAL DEVELOPMENT (*for renewal only*)

PROGRAMME	DATES

**OTHER RELEVANT PHARMACEUTICAL PROFESSIONAL EDUCATION/
TRAINING (if applicable)**

NAME AND PLACE OF UNIVERSITY / INSTITUTION	COURSE	DATES

C DATA OF LAST/CURRENT EMPLOYMENT

EMPLOYER TYPE

Government/NGO Private Institution/Company Self-employed

AREA OF PRACTICE

Hospital/Health Centre Clinic Community Pharmacy
 Academia/Research Regulatory Pharmaceutical Industry
 Other (Please specify)

DO YOU SUPERVISE A PHARMACY/DRUGSTORE? YES NO

NAME AND LOCATION OF PREMISE:

DO YOU OWN THIS PREMISE? YES NO

NAME AND LOCATION OF CURRENT EMPLOYMENT:

DECLARATION:

I, the undersigned certify that the information in the accompanying documentation concerning the application for registration indicated herein is correct and true.

Please indicate submitted documents on the last page!

Signature of Applicant: **Date:**

OFFICIAL USE

DATE OF RECEPTION:		STAMP
NAME OF RECEIVER:		
NAME OF REGISTRAR		
REMARKS/RECOMMENDATIONS BY REGISTRAR		
.....		
.....		
Signature:		Date:

DOCUMENTS	SUBMITTED by applicant	CONFIRMED by PCG
Application form (signed and dated)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of ID for identification – <i>new applicants only</i>	<input type="checkbox"/>	<input type="checkbox"/>
Current coloured passport size photograph - <i>new applicants only</i>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of completion of Internship Programme (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
A current (not older than one year) CV (signed and dated) - <i>new applicants only</i>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Pharmacy Degree Certificate (Pharmacists) - <i>new applicants only</i>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Certificate/Diploma (Pharmacy support staff) - <i>new applicants only</i>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of qualification to practice in country of training (if trained abroad) - <i>new applicants only</i>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of registration in country of previous practice (if applicable) - <i>new applicants only</i>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of work permission in The Gambia (<i>non-Gambians</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of at least ten years practice as registered pharmacist (<i>non-Gambian pharmacists trained and worked abroad</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Fulfilling the latest PCG decision (<i>non-Gambian pharmacy support staff trained and worked abroad</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Contact details of the awarding training institution (<i>Gambians trained abroad</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Contact details of the awarding training institution and employers (<i>non-Gambians trained and worked abroad</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>
.....		
.....		