

PHARMACY BOARD OF PAPUA NEW GUINEA



APPLICATION FORM – PROVISIONAL 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 _____

apply for Provisional Registration as a Pharmacist.

2. (a) Qualification _____

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

(b) I enclose herewith the amount of K25 – Pharmacist Provisional 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: _____