

CONDITIONAL REGISTRATION APPLICATION FORM

APPLICANT DETAILS:

First Name:	Middle Name:	Last Name:	
Sex:	Date of birth: __/__/__	Nationality:	
ID or Passport Number:		Email Address:	
Telephone:	Index No:		

EDUCATION BACKGROUND

Level of education in Pharmacy: Diploma <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> or Pharm D <input type="checkbox"/>	Year of Graduation: __/__/__
University Attended:	Country:
Three-Consecutive Session Pre-Registration Examination Average (50-59.9% Range):	
<input type="text"/>	<input type="text"/>
Professional Category: Pharmacy Technician <input type="checkbox"/> / Pharmacist <input type="checkbox"/>	

I.....do hereby declare that the information I have supplied on this form and any attachment is complete, correct and up to date. I commit myself to be accountable for all information provided on this form and its attachments and authorize its verification anytime.

Applicant's Signature: Date: ____/____/____

REQUIRED DOCUMENTS FOR NATIONALS/ NON-NATIONALS

	Document description	Submitted		
		Yes	No	NA
1	Filled application form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Application letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A criminal record issued by a competent authority in Rwanda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	A work permit issued by a competent authority in Rwanda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	A certified copy of the Diploma/Degree in Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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6	A certified copy of the academic transcripts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	A certified equivalence of the degree from the competent organ in Rwanda (those who studied outside Rwanda)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	A certified copy of the Advanced level certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Proof of one-year internship completion in Rwanda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Proof of valid index number issued by NPC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	A proof of registration by the pharmacy council in their home country (Foreigners)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	A good standing certificate issued by the pharmacy council in their home country (Foreigners)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	One recent passport photo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	A copy of the Identification card/Passport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Proof that their home country registers Rwanda pharmacy professionals (foreigners)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Signed Curriculum Vitae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Proof of registration with their respective councils for those with a background in health-regulated professions (at the Advanced level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>