



INTERNSHIP APPLICATION FORM

1. APPLICANT DETAILS

First Name:	Middle Name:	Last Name:
Sex:	Date of birth : ___/___/_____	Nationality:
ID or Passport Number:	Email Address:	
Index number:	Validity:	
Telephone 1:	Telephone 2:	
Physical address: (1)Province:		(2) District:

2. EDUCATION BACKGROUND

University attended:	Country:	
Email Address of the University:	Tel:	
Qualification: Diploma <input type="checkbox"/> or Bachelor Degree <input type="checkbox"/>	Number of years of the Program:	
Duration of Training: Start: ___/___/___	Completion ___/___/___	Date of graduation: ___/___/___

Note:

Prior to the pre-registration examinations, all pharmacy graduates trained overseas must present a proof of one-year internship completion in Rwanda. The same applies to foreigners who wish to register with the National Pharmacy Council of Rwanda.

The internship is done as follows:

- 3 months in hospital;
- 2 months in supply chain Management;
- 3 months in community pharmacy
- 1 month in Regulatory institution

3. REQUIREMENTS

No.	REQUIREMENTS	Submitted :Yes or Not		
		Yes	No	NA
1	A filled application form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	An application letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A certified copy of the Diploma/Degree in Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	An equivalence of the degree issued by in Rwanda (HEC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	A good standing certificate (foreigner applicant only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



6	1 recent passport photo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	A copy of the Identification card/Passport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Proof of index number issued by the NPC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Advanced level certificate (A2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	A work/Residency permit for foreigners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	A criminal record issued by a competent Authority in Rwanda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. STATEMENT OF TRUTH

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.

Date: __/__/_____

Applicant's name and Signature: