

**PROVISIONAL 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:
Other qualifications:		
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"/>



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 valid index number issued by NPC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	A proof of registration by the pharmacy council in their home country (Foreigners)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	A good standing certificate issued by the pharmacy council in their home country (Foreigners)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	One recent passport photo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Proof of payment of registration fees	<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	Recommendation letter from the Minister of Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Signed Curriculum Vitae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	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"/>