



National  
Pharmacy  
Council

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# GUIDELINES FOR REGISTRATION & LICENSING FOR PHARMACY PROFESSIONALS

**Kigali, August 2024**



**National  
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## FOREWORD

Pharmacy professionals are indispensable to the healthcare sector, fulfilling diverse roles including the research and development of new pharmaceuticals, the safe storage and distribution of medications, proficient guidance on medication use, as well as roles in academia.

Registration and licensing of pharmacy professionals are critical in safeguarding public health by maintaining stringent standards of practice and upholding the integrity of the pharmacy profession.

The establishment of these guidelines marks a significant achievement in our commitment to ensuring rigorous standards of pharmacy practice in Rwanda. They were developed in collaboration with esteemed members of the pharmacy profession in Rwanda and key stakeholders. The guidelines outline essential requirements and procedures for registration and licensing, emphasizing the importance of continuous professional development and adherence to ethical standards.

I urge all pharmacy professionals and prospective pharmacy professionals in Rwanda to thoroughly familiarize themselves with these valuable resources. All organs and employees of the National Pharmacy Council are encouraged to embrace these guidelines and support their implementation.

Together, let us uphold the integrity of our profession and enhance the quality of pharmaceutical services for the benefit of all Rwandans.

These guidelines are effective August 26, 2024.

**DCG (Rtd) Stanley NSABIMANA,  
Chairperson and Legal Representative**





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## ACKNOWLEDGEMENTS

The development of these guidelines for the registration and licensing of pharmacy professionals has been a collaborative endeavor, enriched by the engagement of diverse stakeholders. We sincerely appreciate the esteemed members of the Pharmacy Council, whose thoughtful contributions greatly enhanced the refinement of these guidelines.

Gratitude is also extended to the dedicated efforts of the NPC stakeholders and the Permanent Secretariat staff, whose integral role significantly contributed to the successful realization of these comprehensive guidelines.

Furthermore, we hold the National Council Board in high regard, acknowledging with deep appreciation their constructive input throughout the meticulous deliberation and eventual approval of these guidelines.



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## GLOSSARY OF TERMS

The following definitions describe the way the term is used in these guidelines. The glossary is not intended to provide or imply a globally adopted definition of the term.

**The Council:** The Council of pharmacists, also referred to as the National Pharmacy Council or Rwanda National Pharmacy Council, established by Law N<sup>o</sup> 45/2012 of 14/01/2013 on organization, functioning and competence of the Council of pharmacists.

**Pharmacy professional:** A pharmacist and pharmacy technician formally registered with the Council in the Register of pharmacy professionals in Rwanda.

**Pharmacist:** A person holding a degree in pharmacy such as bachelor of pharmacy or doctor of pharmacy and is duly registered with the National Pharmacy Council.

**Pharmacy technician:** A person holding an advanced diploma in pharmacy and is duly registered with the National Pharmacy Council.

**Registration:** The entry into the Register of Pharmacy Professionals of a person who has been certified as fit to practice as a pharmacist or pharmacy technician in Rwanda.

**Register:** An official list maintained by the Council containing the names and details of individuals who have met the qualifications and requirements to practice the pharmacy profession in Rwanda.

**Licensing:** The regulatory process through which pharmacy professionals obtain official authorization to practice the pharmacy profession in Rwanda.

**License renewal:** The process through which pharmacy professionals renew their official authorization to practice pharmacy profession in Rwanda.

**Licensed:** With a valid license to practice (with an active status)

**Pharmacy graduate:** A person holding a degree in pharmacy such as a Bachelor of Pharmacy, Doctor of Pharmacy (Pharm. D); or any other qualification recognized by the Council as being equivalent to a pharmacy degree

**Index number:** unique identifying number by the Council to students undertaking Pharmacy training in approved institutions.



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**Internship:** A structured training program carried out under the supervision of a Council, during which a pharmacy graduate has an opportunity to consolidate his/her knowledge and skills to enable him/her to be a competent pharmacy professional in Rwanda.

**Pre-registration Examination:** An assessment designed to measure the competence of pharmacy graduates, confirming that they possess the requisite knowledge, attitudes, and skills necessary for practicing pharmacy in Rwanda.

**Continuous Professional Development:** A process by which pharmacy professionals continuously enhance their knowledge, skills, and expertise over the course of their professional careers through structured learning activities.

**Minimum Credit:** A CPD score that is required for pharmacy professionals to renew their license to practice annually.

**Certified Document:** A document that has been notarized as a true copy of the original by an authorized individual or organization.

**The relevant Committee:** in this context, refers to the National Council Board.

**Law:** Law No. 45/2012 of 14/01/2013 establishing the Council



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## ABBREVIATIONS

**NPC** - National Pharmacy Council

**HEC** - Higher Education Council

**CPD** - Continuous Professional Development

**MOH** - Ministry of Health



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## INTRODUCTION

The National Pharmacy Council of Rwanda presents these guidelines to outline the procedural steps for the registration and licensing of pharmacy professionals across various categories. The ultimate goal is to uphold patient safety and public protection by ensuring that all practicing pharmacy professionals possess the necessary knowledge, skills, and competencies required for their roles.

Registration with regulatory bodies is a legal prerequisite for health professionals before practicing in Rwanda. This framework ensures that only qualified and competent individuals are authorized to deliver healthcare services. By mandating registration and licensing, the National Pharmacy Council ensures compliance with law and regulations governing pharmaceutical sector in Rwanda thus safeguarding public health.

Pharmacy professionals in Rwanda involve both pharmacists and pharmacy technicians, each operating within their defined scope of practice. These professionals are required to possess appropriate knowledge and skills to effectively deliver healthcare services. Professional registration and competency-based training initiatives are pivotal in cultivating the necessary competence among pharmacy professionals.

Adhering to established standards and maintaining professional competence are crucial for earning public trust and ensuring the safety and efficacy of healthcare services. The registration and licensing process serves as a formal acknowledgment by peers and the public of a professional's expertise and the suitability of their professional services.

The National Pharmacy Council, established under Law No. 45/2012 of 14/01/2013, is tasked with ensuring that both new and existing pharmacists and pharmacy technicians practicing in Rwanda are duly registered and hold valid licenses. This responsibility includes verifying that all professionals meet the requirements of their respective professions, thereby maintaining high standards of practice within the pharmaceutical sector.

These guidelines outline steps for the registration and licensing of pharmacy professionals. The guidelines are made of two sections: The first section describe the registration and the second describe the Licensing of pharmacy professionals.





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## **SECTION I: REGISTRATION**

To engage in professional practice within Rwanda, pharmacists and pharmacy technicians are mandated to obtain registration with the National Pharmacy Council (NPC) and demonstrate compliance with the stipulated criteria:

- No person can be registered with the Council unless they hold a Bachelor's degree in Pharmacy or a Doctor of Pharmacy degree for pharmacists, and a diploma in pharmacy for pharmacy technicians from a recognized university.
- No person shall practice the pharmacy profession without prior registration by the Council.
- Any pharmacy professional (pharmacist or pharmacy technician) who practices the pharmacy profession without being registered with the Council, or who practices while subject to temporary or permanent suspension, shall be brought before competent courts of law. The same shall apply to any employer of such pharmacist or pharmacy technician.

### **I.1 REGISTRATION CATEGORY**

The law establishing the Council provides for the competence to register individuals in the following categories:

1. Pharmacist;
2. Pharmacy technician;
3. Pharmacy graduate intern;
4. Pharmacy student;
5. Honorary Registration

### **I.2 TYPES OF REGISTRATION**

#### **I.2.1 FULL REGISTRATION**

Full registration is granted to a pharmacy graduate who holds a Bachelor's degree in Pharmacy or a Doctor of Pharmacy degree for Pharmacists, and a diploma in pharmacy for pharmacy technicians from a recognized university following successfully meeting pre-registration requirements.



Before registration, all applicants must successfully pass a pre-registration examination. The specific modalities governing pre-registration examination are outlined in the 'Guidelines for Pre-Registration Examination.'

### **I.2.1.1 Eligibility for Full Registration**

A person is granted full registration if they have completed the required undergraduate training in pharmacy and have successfully passed the pre-registration examination.

To obtain full registration, a person must submit an application to the permanent secretariat office of the Council. The application must be accompanied by the following requirements:

#### **a. Registration of pharmacy graduates trained in Rwanda**

##### **Rwandan/Nationals**

- Application letter addressed to the Chairperson
- Filled application form
- Criminal record issued by a competent authority in Rwanda
- Certified copy of the Diploma/Degree in Pharmacy
- Certified copy of the academic transcripts
- Certified copy of A-level (secondary school) certificate
- Certified equivalence of the A-level certificate from the competent organ in Rwanda (for foreign-trained secondary school graduate applicants only)
- Proof of valid index number
- Signed Curriculum Vitae
- One recent passport photo
- Proof of payment of registration fees
- Copy of the Identification card/Passport
- Proof of successfully passing the pre-registration examination
- Proof of registration with their respective councils for those with backgrounds in regulated professions
- Any relevant document determined by the Board

##### **Additional requirements for foreigners trained in Rwanda**

Foreigners who were trained in Rwanda must submit a **“work permit issued by the competent Rwandan authority”** as an additional document, along with the above-mentioned documents.



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## **b. Registration for pharmacy graduates trained abroad**

### **Rwandan/Nationals**

Rwandan who were trained abroad must submit the following documents for registration:

- Application letter addressed to the Chairperson
- Completed application form
- Criminal record issued by a competent authority in Rwanda
- Certified copy of the Diploma/Degree in Pharmacy
- Certified copy of academic transcripts
- Certified equivalence of the university degree from a competent organ in Rwanda
- Certified copy of A-level certificate
- Certified equivalence of the A-level certificate from a competent organ in Rwanda (for foreign-trained secondary school graduates only)
- Evidence of Successful Completion of Pharmacy Internship Program (one-year internship) in Rwanda after academic training
- Proof of valid index number
- One recent passport photo
- Proof of payment of registration fees
- Copy of the Identification card/Passport
- Proof of passing the pre-registration examination
- Signed Curriculum Vitae
- Proof of registration with their respective councils for those with other backgrounds in regulated professions
- Any relevant document determined by the Board

### **Foreigners**

Foreigners who were trained abroad must submit the following documents in addition to the ones listed above:

- Proof of registration by the pharmacy council in their home country
- Good standing certificate issued by the pharmacy council in their home country
- Work permit issued by the competent Rwandan authority
- Proof that their home country registers Rwandan professionals
- Any relevant document determined by the Board



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### **I.2.1.2 Validity of Full Registration**

The registration granted remains valid indefinitely unless revoked by the Council.

**Note:** *Pharmacy graduates from countries with mutual recognition agreements with the Rwanda National Pharmacy Council, as confirmed by a valid memorandum of understanding, may be eligible for registration without the requirement of undertaking the internship program or the pre-registration examination.*

## **I.2.2 PROVISIONAL REGISTRATION**

Provisional registration is granted to a pharmacy graduate who has been recommended by the Minister in charge of Health to practice pharmacy for a specified period of time.

### **I.2.2.1 Eligibility for provisional registration**

Provisional registration is granted to a pharmacy graduate who has completed undergraduate training in pharmacy and is duly registered with their home country's competent authority and maintaining good standing therein.

### **I.2.2.2 Application Process**

To obtain provisional registration, an applicant must submit an application to the permanent secretariat office of the Council. The application dossier must include the following required documents:

- Application letter addressed to the Chairperson
- Filled application form
- Recommendation letter from the Minister in charge of Health
- Criminal record issued by a competent authority in their country of origin
- Certified copy of the Diploma/Degree in Pharmacy
- Equivalence certificate issued by the Higher Education Council may required
- Certified copy of the academic transcripts
- Certified copy of A-level/secondary school certificate
- One recent passport photo
- Proof of payment of registration fees
- Copy of the Identification card/Passport
- Signed Curriculum Vitae
- Proof of registration with their respective councils for those with other backgrounds in regulated professions
- Proof of registration by the pharmacy council in their home country
- Good standing certificate issued by the pharmacy council in their home country

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- Copy of working Visa/residence permit for non-nationals
  - Proof that their home country registers Rwandan professionals
  - Any additional document determined by the Board

### **I.2.2.3 Validity of Certificate of a Provisional registration**

The provisional registration, as endorsed in the recommendation letter from the Minister of Health, shall remain valid for the stipulated period and is non-renewable. If the applicant seeks reevaluation, a new application must be duly submitted.

### **I.2.3 CONDITIONAL REGISTRATION**

This is the registration that is given to a pharmacy graduate under a post-knowledge assessment measures. Pharmacy graduates holding this registration are permitted to practice only under the supervision of a pharmacy professional.

#### **I.2.3.1 Eligibility for conditional registration**

A person is given a conditional registration if they have completed undergraduate training in pharmacy/ Pharm D/Pharmacy Technician and have failed to obtain the required score in the pre-registration examination knowledge assessment for three consecutive sessions, with their average score falling between 50% and 59.9%.

A person who intends to obtain conditional registration shall submit an application to the permanent secretariat office of the Council. The application dossier shall include the following required documents:

- Application letter addressed to the Chairperson
- Filled application form
- Criminal record issued by a competent authority in Rwanda
- Certified copy of the Diploma/Degree in Pharmacy
- Certified copy of the academic transcripts
- Certified equivalence of the degree from the competent organ in Rwanda (for foreign-trained pharmacy graduates)
- Certified copy of A-level certificate
- Certified equivalence of the A-level certificate from the competent organ in Rwanda (for foreign-trained secondary school graduates only)
- Proof of one-year internship completion in Rwanda for those trained abroad
- Proof of valid index number



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- One recent passport photo
  - Copy of the Identification card/Passport
  - Signed Curriculum Vitae
  - Proof of registration with their respective councils for those with other backgrounds in regulated professions
  - Copy of working Visa/residence permit for non-nationals
  - Any additional document determined by the Board

### **I.2.3.2 Validity of Certificate of Conditional Registration**

A conditional license is valid for one year and can be renewed only once.

#### **I.2.3.2.1 Applicable fees**

The conditional registration is free of charge

### **I.2.4 HONORARY REGISTRATION**

Honorary registration is a special status granted to a pharmacy professional who does not intend to practice the pharmacy profession in Rwanda. This designation recognizes the individual's significant contributions to the profession of pharmacy, their dedication to professional development, and their impact on the healthcare sector.

It is awarded as a mark of respect and appreciation for their achievements and service to the field. Honorary registration does not confer the right to practice pharmacy but serves as an acknowledgment of the individual's professional excellence and commitment to the pharmacy profession.

#### **I.2.4.1 Eligibility for Honorary Registration**

##### **Nationals**

- The nominee should hold a Bachelor of Pharmacy (B. Pharm), a Doctor of Pharmacy (Pharm.D.), or a Diploma of Pharmacy (D. Pharm) from a recognized institution.

##### **Non-Nationals**

- In addition, foreign nominees should be registered as pharmacy professionals in their home country.



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#### I.2.4.1.1 Criteria for Selection

- **Active Practice:** The nominee must have at least 10 years of active practice in the pharmaceutical or healthcare sector.
- **Significant Contributions:** The nominee must have made significant contributions to the profession of pharmacy nationally, regionally, or globally.
- **Good Standing:** The nominee must be in good standing with their home regulatory authority and have a clean criminal record.
- **No Disciplinary History:** The nominee must have no history of disciplinary action or malpractice.
- **Commitment to Development:** The nominee must demonstrate a commitment to ongoing professional development through active engagement in promoting the pharmacy profession.
- **Endorsements:** The nominee must have at least two endorsements from recognized leaders in the field of pharmacy, attesting to their professional qualifications, contributions, and character.
- **Published Work:** The nominee must have published at least five peer-reviewed articles or papers in reputable pharmaceutical or healthcare journals.
- **Community Service:** The nominee must have been involved in significant community service or public health initiatives related to pharmacy.
- **Awards and Recognitions:** The nominee must have received previous awards or recognitions from reputable organizations or institutions in the field of pharmacy.
- **Ethical Leadership:** The nominee must demonstrate ethical leadership and integrity in their professional conduct.

#### I.2.5 OTHER REGISTRATIONS

##### I.2.5.1 Good Standing Certificate

A Good Standing Certificate is provided to a pharmacy professional when requested by competent authorities.

##### I.2.5.1.1 Eligibility for Good Standing Certificate

To be eligible, the applicant must be duly registered by the Council and hold a valid license to practice. The application must include:

- A signed application letter addressed to the Chairperson of the council.



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- A signed and stamped document issued by the requesting institution as evidence of its purpose.
  - A copy of a valid license to practice the pharmacy profession.
  - Proof of payment of Good Standing Certificate fees.
  - Not being under disciplinary measures.

#### **I.2.5.1.2 Validity of Good Standing Certificate**

The certificate is valid for six months from its date of issue.

#### **I.2.5.2 Index Number**

An Index Number is provided to individuals who intend to pursue a Pharmacy program at a training institution, whether in Rwanda or abroad, or to foreign-trained pharmacy graduates seeking to practice the pharmacy profession in Rwanda.

##### **I.2.5.2.1 Eligibility for an Index Number**

To be eligible, the applicant must meet the minimum entry requirements for a bachelor's degree or diploma program in pharmacy as specified in the Regulations governing pharmacy student indexing published by the Council.

The application for an Index Number must be submitted through the Council's official website and must include:

- Application letter addressed to the Chairperson
- Certified copy of Rwanda Advanced Level Certificate.
- Advanced level of certificate equivalence certificate from a competent authority for candidates with foreign qualifications.
- Copy of ID for Rwandans or Passport with a valid VISA or equivalent for foreigners.
- One colored passport photo.
- Criminal record certificate issued by the competent authority in Rwanda.
- Copy of University Admission letter.
- Evidence of payment of non-refundable application fee.
- Copy of License or Diploma for practicing professionals intending to start Bachelor degree.
- Work certificate from the last employer for practicing professionals intending to start Bachelor degree.
- Copy of Diploma for practicing professionals intending to start Bachelor degree.
- Legal support documents in case names on ID/Passport are different from any other official document (Where applicable).





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- Copy of working Visa/residence permit for non-nationals
  - Any relevant document determined by the Board.

#### **I.2.5.2.2 Validity of an Index Number**

An Index Number is valid for one year from the date of its issue and is renewable thereafter.

#### **I.2.5.3 Registration as pharmacy Graduate Intern**

Pharmacy Graduate Internship is the registration provided to a pharmacy graduate who is required to complete a period of supervised practice (internship) to be eligible to apply for full registration as a Pharmacy professional.

Candidates who have completed their pharmacy training outside of Rwanda must successfully undergo a one-year internship program with the National Pharmacy Council (NPC) before becoming eligible for registration. The details for the internship program are outlined in the “Guidelines for Pharmacy Graduate Internship”.

##### **I.2.5.3.1 Eligibility for registration as a pharmacy graduate intern**

To be eligible, the applicant must hold a bachelor's degree in pharmacy or a Doctor of Pharmacy degree for Pharmacists and a diploma in pharmacy for pharmacy technicians from a recognized university, along with a valid index number.

To obtain this registration, the applicant must submit an application to the Council via email with the following requirements:

- Application letter addressed to the Chairperson
- Complete internship application form.
- A certified copy of the Diploma/Degree in Pharmacy.
- An equivalence of the degree issued by competent authorities in Rwanda (for foreign-trained applicants).
- A Good Standing Certificate (for foreign applicants only).
- One recent passport photo.
- A copy of the Identification card/Passport.
- Proof of a valid index number issued by the Council.
- Certified copy of Rwanda Advanced Level Certificate.
- Advanced level certificate equivalence from a competent authority in Rwanda for candidates with foreign qualifications.
- A criminal record certificate issued by the competent authority in Rwanda.
- Copy of working Visa/residence permit for non-nationals



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- Any relevant document determined by the Board.

#### **I.2.5.3.2 Validity for Registration as a Pharmacy Graduate Intern**

This registration remains valid until the person completes their internship program.

#### **Note:**

- If documents are in a language other than English, French, or Kinyarwanda, they must be translated and certified by an official translator or relevant authority.
- Presentation of any fraudulent document is a criminal offense. This shall attract prosecution and barring from registration for life.

### **I.3 PHARMACY PROFESSIONAL REGISTRATION PROCESS**

#### **I.3.1 Application for registration**

Steps for application for registration as pharmacy professional

- **Obtain the Application Form:** The Application Form for Registration as Pharmacy professional is available from the National Pharmacy Council office or from council's website.
- **Payment of Registration Fee:** Pay the prescribed non-refundable registration fee.
- **Submission of Application Form:** Submit a duly filled and completed Application Form to the Permanent Secretariat at the Council's office.

#### **Note:**

- Candidates should ensure all required documents are submitted along with the application form.
- Any false or misleading information provided in the application may result in disqualification.
- It is advisable to keep a copy of the submitted application and payment receipt for future reference.

#### **I.3.2 Evaluation of Documents**

- The application shall undergo evaluation by the Permanent Secretariat and subsequent approval by the Council organs.
- The decision is notified to the applicant through a notification letter.



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### **I.3.3 Certificate of Registration/Registration card**

After registration of a pharmacy professional, the Registrar will issue a registration card to the registered individual. This card will be in the prescribed form and sealed by the Council.

This card serves as official certificate of confirmation of the individual's registration and authorization to practice as a pharmacy professional in Rwanda.

If a pharmacy professional's registration card is lost or damaged, they must apply for a duplicate card. The applicant must submit an application to the Council via email or any other official application portal. Application Requirements:

- A signed application letter addressed to the Council's Chairperson.
- Proof of payment of the duplicate registration card fee.

### **I.3.4 Register of Pharmacy Professionals**

The registrar is responsible for maintaining a register of pharmacy professionals and entering the following details against each registered person's name:

- ID/Passport number
- Nationality
- Date of Birth
- Institution attended
- Year of Graduation
- Date of Registration
- Disciplinary measures (if any)
- Email address
- Telephone number
- Place of work
- License renewal information
- Contact address
- Professional credentials
- Qualifications and additional qualifications
- Any other particulars as determined by the council.

**Note:**

- The register must conform to the format prescribed by the Council.
- Any registered individual who changes their contact details must inform the Council in writing.



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- Registration with the Council provides a formal waiver of the council to use registrants' information solely in regulatory purposes

#### **I.3.4.1 Removal from the Register**

The Council may, after an inquiry, remove a person's name from the register for the following reasons:

- Conviction of a felony offense that impacts the integrity of the health profession by a court of law.
- Registration obtained in error or through fraud.
- Removal of the name from the register, record, or roll of any university, college, or other body from which the qualification was obtained, and by virtue of which the registration was granted.
- Non-compliance with the requirements and conditions for registration.
- Death or removal as per the guidelines
- Any relevant reason determined by the Board

#### **I.3.4.2 Restoration of name after removal**

The council may, upon application by the person whose name has been removed from the register, reinstate the name of that person on the register after a prescribed period.

Upon reinstatement of a person's name on the register, the council may impose any conditions deemed necessary.

A person whose name was removed from the register must apply to restore their name by completing the Restoration form and submitting it. The application shall be accompanied by the following requirements:

- Application letter
- Proof of completion of the prescribed conditions if any
- Evidence of compliance with the disciplinary measures
- Proof of payment of restoration fees equivalent to registration fees



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## SECTION II: LICENSING

A registered Pharmacy Professional must hold a valid practicing license to practice the profession.

- The National Pharmacy Council is responsible for granting licenses to practice the pharmacy profession in Rwanda.
- Only registered pharmacy professionals are eligible to apply for licensing.
- A registered pharmacy professional is not required to obtain a license if they are not actively practicing pharmacy.
- The register of licensed pharmacy professionals is publicly accessible on the Council's website and is transmitted to the Minister of Health annually by July 31<sup>st</sup>.

### II.1 TYPES OF LICENSING

#### II.1.1 LICENSE TO PRACTICE PHARMACY PROFESSION

A registered pharmacy professional intending to practice in Rwanda must apply to the council for the "license to practice the pharmacy profession."

The format and contents of a license certificates is developed by the registrar and approved by the National Council Board.

##### II.1.1.1 Eligibility for the License to practice

A person is eligible for a license to practice the pharmacy profession in Rwanda, if they have completed undergraduate training in pharmacy and are duly registered with the Council, and in good standing.

An individual seeking a license to practice pharmacy in Rwanda must submit an application to the permanent secretariat office of the Council. The application shall be accompanied by the following requirements:

##### **Nationals**

- Proof of full registration
- Proof of payment of license fees

##### **Non Nationals**

Foreigners must also submit in addition to the above the following documents:



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- A proof of registration by the pharmacy council in their home country
  - A valid work permit issued by the competent Rwandan Authority

### **II.1.1.2 Validity of the license to practice**

The license to practice the pharmacy profession in Rwanda is valid for one year, starting in January and ending in December of the same year as determined by the internal rules and regulations of the council.

#### **Note:**

- Pharmacy graduates seeking initial registration and licensure to practice in Rwanda, occurring either in September of the calendar year or thereafter, are exempt from license fees for the subsequent year. They are granted an extended license valid until December of the following year.
- Non-national pharmacy professionals applying for a license to practice will receive a license valid for the duration of their work permit. If they obtain an extended work permit before the end of the same calendar year, the Council will extend their license until the end of that year without additional fees.
- Pharmacy professional subjected to suspension as disciplinary measures are required to apply for license renewal at the end of their disciplinary measures, and pay the license fees.

### **II.1.1.3 Renewal of the License to practice**

It is a professional and moral obligation for all pharmacy professionals to be licensed before practicing the pharmacy profession in Rwanda.

The period for submitting license renewal applications is from December 1st to March 31st of each year. A fine of 25% of the license fee shall be imposed every three months starting from April 1<sup>st</sup> for delayed payments.

License renewal applications must be submitted online via the designated portal available on the Council's website.

All applicants must submit proof of Continuing Professional Development (CPD) before applying for license renewal.

Pharmacy professionals who are not actively practicing or residing outside the country are not required to renew their license to practice. However, upon seeking re-licensure, they must provide official documentation demonstrating non-practice during the entire period of their lapsed licensure.

#### **II.1.1.3.1 Eligibility for license renewal**

A pharmacy professional is eligible to renew their practice license if they fulfill the requirements of the Continuing Professional Development (CPD) policy and have no pending disciplinary actions against them.

An application must be accompanied by the following:

- Complete the license renewal form
- Proof of payment of the license fee
- Proof of payment of penalty fees if applicable
- Proof of meeting the minimum CPD requirements in previous year
- The applicant must be good standing
- Copy of working Visa/residence permit for non-nationals
- Any relevant document determined by the Board

**Note:**

- The license to practice must be renewed annually.
- The minimum number of CPD credits required for each year is 15 points, and 75 points every three-year cycle of pharmacy practice.
- Applicants can address all inquiries regarding license renewal via email

#### **II.1.2 PROVISIONAL LICENSE**

A provisional license is granted to a pharmacy graduate recommended by the Minister of Health to practice pharmacy for a specified period.

##### **II.1.2.1 Eligibility for Provisional License**

An individual is eligible for a provisional license if they have completed undergraduate training in pharmacy and are duly registered with competent authority in their home country

To obtain a provisional license, an applicant must submit:

- Application letter addressed to the Chairperson

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- Filled application form
  - Recommendation letter from the Minister of Health
  - Criminal record from their country of origin
  - Certified copy of Diploma/Degree in Pharmacy
  - Certified copy of academic transcripts
  - Certified copy of A level/secondary school certificate
  - One recent passport photo
  - Proof of payment of licensing fees
  - Copy of Identification card/Passport
  - Signed Curriculum Vitae
  - Proof of registration with their respective councils (for those with backgrounds in regulated professions)
  - Proof of registration by the pharmacy council in their home country
  - Good standing certificate issued by the pharmacy council in their home country
  - Copy of working Visa/residence permit for non-nationals
  - Proof that their home country registers Rwandan professionals
  - Any relevant document determined by the Board

### **II.1.2.2 Validity of Provisional License**

The provisional license is valid for 6 to 12 months. The provisional license, as endorsed in the recommendation letter, remains valid for the stipulated period and is non-renewable. If the applicant seeks reevaluation, a fresh application must be duly resubmitted.

### **II.1.3 CONDITIONAL LICENSING**

A conditional license is granted to a pharmacy graduate as a post-knowledge assessment measure. Those holding this license are allowed to practice only under the supervision of a pharmacy professional.

#### **II.1.3.1 Eligibility for Conditional Licensing**

Conditional licensing is granted to individuals who have completed undergraduate training in pharmacy but have failed to obtain the required score in the written exam of the pre-registration examination knowledge assessment for three consecutive sessions, with scores falling between 50% and 59.9%.

To obtain conditional licensing, an individual must submit an application to the permanent secretariat office of the Council. The application must include the following:



- 
- Filled application form
  - Criminal record issued by a competent authority in Rwanda
  - Certified copy of the Diploma/Degree in Pharmacy
  - Certified copy of academic transcripts
  - Certified equivalence of the degree from the competent organ in Rwanda (for foreign-trained pharmacy graduates)
  - Certified copy of A-level certificate
  - Certified equivalence of the A-level certificate from the competent organ in Rwanda (for foreign-trained secondary school graduate applicants only)
  - Evidence of Successful Completion of Pharmacy Internship Program in Rwanda after academic training
  - Proof of valid index number
  - One recent passport photo
  - Proof of payment of registration fees
  - Copy of the Identification card/Passport
  - Proof of successful passing of the pre-registration examination
  - Signed Curriculum Vitae
  - Copy of working Visa/residence permit for non-nationals
  - Proof of registration with their respective councils for those with other backgrounds in regulated professions
  - Any relevant document determined by the Board

### **II.1.3.2 Validity of a Conditional License**

A conditional license is valid for one year and may be renewed once.

### **II.1.3.3 Restrictions for Licensees under Conditional Licensing**

Any person with a conditional license is restricted from:

- Being a responsible pharmacist or manager of a pharmaceutical establishment holding a license in Rwanda.
- Nominating, voting, or holding office with the National Pharmacy Council.
- Having signing authority for the purchase of Narcotics, Controlled, or Targeted Substances.
- Acting as a tutor or supervisor of a registered and licensed pharmacist.



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## **II.2 CHANGE OF NAME OF A PHARMACY PROFESSIONAL**

In the event of a name change for a pharmacy professional, the Council must be notified in writing of the new name. This notification must be supported by:

- A copy of the gazette publishing the new name
- A certified copy of the Diploma/Degree in Pharmacy and academic transcripts
- An identification card or passport bearing the new name

The applicant must pay the duplicate registration card fee. After payment, the Council will update its records accordingly and notify the applicant, who may then use the new name.

## **II.3 DETERMINED REGULATORY FEES**

Regulatory fees applicable for the council's services are determined as per the annex no. 1



### ANNEX 1. Fee structure for NPC regulatory services

S/N	Service	Applicable fee
1	Indexing a pharmacy student/graduate	5,000 FRW
2	Application for Good standing certificate ( National and non-Nationals)	10,000 FRW
3	Application for provisional registration (National)	20,000 FRW
4	Application for provisional registration (EAC citizen)	30 USD
5	Application for provisional registration (International)	90 USD
6	Application for registration (National)	20,000 FRW
7	Application for registration (EAC citizen)	30 USD
8	Application for registration (International)	90 USD
9	Application for License to practice (National Pharmacist)	65,000 FRW
10	Application for License to practice (National Pharmacy Technician)	40,000 FRW
11	Application for License to practice (EAC Citizen)	100 USD
12	Application for License to practice (International)	300 USD
13	Application for registration certificate/card duplicate ( National and non-Nationals)	10,000 FRW
14	Application for pre-registration examination ( National)	20,000 FRW
15	Application for pre-registration examination (EAC citizen)	40 USD
16	Application for pre-registration examination (International)	100 USD
17	Application for restoration of a revoked registration (National)	20,000 FRW
18	Application for restoration of a revoked registration (EAC citizen)	30 USD
18	Application for restoration of a revoked registration (International)	90 USD

### **BANK DETAILS**

**All fees are paid at the following bank details :**

- Bank name: Bank of Kigali
- Account name: National Pharmacy Council
- Account number: **100007851515** (FRW)
- Account number: **100014020513** (USD)



National  
Pharmacy  
Council

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## ANNEX 2

FULL REGISTRATION APPLICATION FORM

CONDITIONAL REGISTRATION APPLICATION FORM

PROVISIONAL REGISTRATION APPLICATION FORM

INTERNSHIP APPLICATION FORM

REGISTRATION RESTORATION APPLICATION FORM

## FULL 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 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	Proof of payment of registration fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	A copy of the Identification card/Passport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Proof that their home country registers Rwanda pharmacy professionals (foreigners)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Proof of successfully passing the pre-registration examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Signed Curriculum Vitae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	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"/>

## 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"/>





**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"/>



## 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"/>



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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:** .....

## REGISTRATION RESTORATION APPLICATION FORM

### APPLICANT DETAILS:

First Name:	Middle Name:	Last Name:
Sex:	Date of birth: __/__/__	Nationality:
ID or Passport Number:		Email Address:
Telephone:		Revoked Reg . 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	Proof of completion of the recommended training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



6	A proof of registration by the pharmacy council in their home country (Foreigners)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	A good standing certificate issued by the pharmacy council in their home country (Foreigners)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	One recent passport photo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Proof of payment of registration fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	A copy of the Identification card/Passport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Proof that their home country registers Rwanda pharmacy professionals (foreigners)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Copy of registration revocation proof issued by the council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Signed Curriculum Vitae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	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"/>