

## 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"/>