

FORM B

(Pharmacy Board Act, Ch. 29:52)

**APPLICATION FOR REGISTRATION AS
A PRE-REGISTRATION PHARMACIST**

(Attach two recent photographs of applicant)

To the Council of the Pharmacy Board of Trinidad and Tobago

I HEREBY APPLY for registration as a Pre-Registration Pharmacist and for that purpose I submit the following information:

Name of Applicant
(In block letters)

Date of birth of Applicant

Address of Applicant

Age of Applicant Nationality

Qualification for registration as pre-registration pharmacist

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Name of the pharmacist with whom or the hospital or other establishment where the applicant is to undergo his pre-registration experience

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Address of pharmacist or hospital or other establishment referred to above

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Dated this day of, 20xx

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Signature of Applicant