

**FORM C**

*(Pharmacy Board Act, Ch. 29:52)*

**DECLARATION BY PHARMACIST APPROVED BY THE COUNCIL**

I, .....  
*(Name of Pharmacist)*

of .....  
*(Address of Pharmacist)*

Pharmacist, DO HEREBY DECLARE that in accordance with the Pharmacy Board Act,  
Ch. 29:52 .....  
*(Name of pre-registration pharmacist)*

.....  
has actually and diligently served and has been employed by me as a pre- registration  
pharmacist for the whole period of six months with effect from the

..... day of ..... 20.....  
during which he gained pre-registration experience as a pre-registration pharmacist in  
accordance with the Pharmacy Board Act.

Dated this ..... day of ....., 20.....

.....  
*Signature of Pharmacist*