

**FORM E**

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

**APPLICATION FOR LICENCE AS A TEMPORARY PHARMACIST**

To the Council of the Pharmacy Board of Trinidad and Tobago

I HEREBY APPLY for a licence as a Temporary Pharmacist and for that purpose I submit the following information:

Name of Applicant .....  
*(In block letters)*

Date of Application .....  
.....

Age of Applicant ..... Nationality .....

Date of registration of applicant as pre-registration pharmacist or pharmaceutical intern  
.....

Name of hospital or institution where or name of pharmacist with whom applicant served  
as pre-registration pharmacist or pharmaceutical intern .....  
.....

Accompanying this application and submitted herewith are the following:

Birth Certificate of Applicant ..... [ ]

Photograph of Applicant ..... [ ]

Testimonial given by ..... [ ]

Photostats or certified copies of certificates listed below ..... [ ]  
.....  
.....

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

.....  
*Signature of Applicant*