

**FORM M**

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

**APPLICATION FOR REGISTRATION AS A  
PHARMACY ASSISTANT**

*Attach two recent  
photographs of  
applicant*

To: The Council of the Pharmacy Board of Trinidad and Tobago -

I HEREBY APPLY for registration as a pharmacy assistant and for that purpose I submit the following information:

Name of applicant.....  
*(In capital letters)*

Address of applicant .....

Date of birth of applicant .....

*(dd/mm/yy)*

Age at last birthday .....

Qualifications for registration as a pharmacy assistant:

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Name, address and occupation of person giving testimonial:

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The name and business address of the approved pharmaceutical establishment:

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.....  
*Signature of Applicant*

.....  
*Date*