



Health Professions Council of Namibia

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Pharmacy Board of Namibia

Please complete this form in full. Only original forms will be accepted. Completed forms must be addressed to the Registrar
To be completed in applicant's own hand

Application for permission to act as a Tutor (Pharmacist)

A Personal Particulars

Client No _____

I apply to the Pharmacy Council to act as tutor. I assume full responsibility for the practical training of the Pharmacist Intern/ Student Pharmacist's Assistant mentioned in Part C of the application form.

Surname		Title	Mr.	Ms
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First Names	
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Maiden Name		Gender	Male	Female
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Residential Address	
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Postal Address	
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Telephone	Home		Fax	
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	Work		Cell	
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	email	
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Please note: *In terms of the relevant legislation, any change in residential or postal address taking place after the date of registration must be reported in writing to the Registrar within 30 days of such change taking place.*

Citizen of

Signature of Applicant

Date

Name in print

B
Details of pharmacy practice and members

Name of owner / managing member

Name of pharmacy practice

Postal address of pharmacy practice

Date of last inspection of pharmacy practice

Telephone # Work

Fax #

I agree to permit the inspection of the premises for the purpose of the practical training of the Intern Pharmacist(s) concerned.

Signature of owner/managing member

Date

Name in print

C
Details of Pharmacist Intern/ Student Pharmacist's Assistant

Surname

Title

Mr.

Ms

First Names