



Quality Medicines for Malawi

**APPLICATION FORM FOR REGISTRATION AS A
PHARMACIST/PHARMACY TECHNOLOGIST/PHARMACY ASSISTANT**

**NOTE: This form should ONLY be used by candidates sitting for the SECOND or
THIRD attempt**

1. Name and address of applicant (in block letters):

Surname: *First names:*

Telephone Number: *Postal address:*

Email:

Date of Application:

2. Date of birth:**3. Sex (M/F):****4. Nationality:**

5. Applicant for registration in the register of: Pharmacist Pharmacy Technologist
Pharmacy Assistant

**6. Registration for the Second or Third Attempt and which Subject (s) /Part(s) to Sit for
(specify below by ticking the appropriate checkbox (es));**

A. PHARMACY ASSISTANT

SECOND ATTEMPT **OR** THIRD ATTEMPT

Part A: (Pharmacy Law & Medicine Management)

Part B: (Pharmacology)

Part C: (Pharmaceutics)

B. PHARMACY TECHNOLOGIST

SECOND ATTEMPT **OR** THIRD ATTEMPT:

Part A: (PMRA Act & Ethics)

- Part B: (Pharmacology & Pharmacy Practice)
- Part C: (Pharmaceutics & Pharmaceutical Calculations)
- Part D: (Medicine Management)

C. PHARMACIST

SECOND ATTEMPT **OR** *THIRD ATTEMPT*

- Part A: (PMRA Act & Ethics)
- Part B: (Pharmacology, Clinical Practice & Pharmacy Practice)
- Part C: (Pharmaceutics & Pharmaceutical Calculations)
- Part D: (Medicine Management)

7. Preferred Examination Centre;

- Mzuzu
- Lilongwe
- Blantyre

Note that the Examination Centre of preference may change depending on the number of candidates for the chosen Centre, and you will be communicated prior to the date(s) of examination (s)

8. I, the above mentioned applicant, hereby apply for registration on the aforementioned register and submit herewith:

***(a) the prescribed Re-examination application fee of MK.....**

9. FOR OFFICE USE ONLY:

(a) Re-examination Applicant fee: MK.....Receipt No.....

(b) Date of approval of application:

(c) Registration No.....

(d) Remarks

Date:

Signature:

Director General

Pharmacy and Medicines and Regulatory Authority

- *NOTES:**
- 1. An application fee is not refundable.**
 - 2. All applications should be addressed to the Director General, P.O Box 30241, CAPITAL CITY LILONGWE 3. Malawi**