PHARMACY COUNCIL OF THE GAMBIA
No. 112 Kairaba Avenue
Fajara , KMC
Tel: 4495572, 2022272 P.O.Box 4527 Bakau
Website: www.gpc.gm

TRAINING PROGRAMME ACCREDITATION APPLICATION

Award of **BPharm ☐** **PharmD ☐** **Pharmacy Technician ☐**

CPD Programme for
Pharmacists ☐ **Pharmacy Technicians/Nurse Dispenser ☐** **Pharmacy Assistants ☐**

A. PARTICULARS OF APPLICANT

NAME OF INSTITUTION	NAME OF SCHOOL/FACULTY/COLLEGE

NAME OF RESPONSIBLE PERSON FOR TRAINING COURSES

TELEPHONE NUMBER		E-MAIL ADDRESS
Landline Mobile		

	LOCATION OF VENUES	TRAINING COURSES
Town/Area**:**		

INSTITUTION ACCREDITED BY NAQAA (if applicable)

Yes ☐	Date of last accreditation certificate	.....
No ☐	Status:	

B DETAILS OF TRAINING COURSES

TITLE OF COURSE	HOURS	CREDITS	TEACHING METHODS	EVALUATION METHOD

C CHECK-LIST FOR INSTITUTION/TRAINING PROVIDER

Records of names who attended each course maintained ☐

Certificates after examinations provided to attendants ☐

Evaluation forms provided to attendants at end of courses ☐

Attestation Statement and Declaration

As the Responsible Person for Training Courses I attest that I/we accept the terms and conditions as outlined in the PCG *Guideline for Accreditation of Training Courses*. We acknowledge that the Council may request to review and evaluate the entire documentation or specific sections at any time, as part of the initial assessment or as a component of a subsequent monitoring process.
I, the undersigned certify that the information in this form and the accompanying documentation concerning the application for accreditation of training courses indicated herein is correct and true.

Please indicate submitted documents on the last page!

Signature of Applicant: ..... **Date:** .....

OFFICIAL USE

DATE OF RECEPTION:		**STAMP**
NAME OF RECEIVER:		
NAME OF REGISTRAR		
REMARKS/RECOMMENDATIONS BY REGISTRAR		
Signature: ..... **Date:**		

DOCUMENTS	SUBMITTED by applicant	CONFIRMED by PCG
Application form (signed and dated)	☐	☐
Full training programme (Curriculum) with details of the sessions	☐	☐
A complete list of the training providers including their qualification, what posts they hold, where they are based and what lecturing/teaching/speaking experience they have	☐	☐
Self-assessment report	☐	☐
Other (please specify):	☐	☐