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

CPD ACTIVITY REPORT

This form must be completed by the pharmaceutical personnel and be submitted to the Pharmacy Council of The Gambia in due time.

A PARTICULARS OF REPORTER

Pharmacist ☐ Pharmacy Technician ☐ Nurse Dispenser ☐ Pharmacy Assistant ☐

Registration No: .....

Name			
Phone		**Email**	

B DETAILS OF CPD ACTIVITY

Title of CPD Activity		
Name of University/Institution/Provider		
Duration (From – To)		
Aims and Objectives		
Anticipated outcomes		
Evaluation		
Comments		

C DOCUMENTS SUBMITTED WITH THIS REPORT

DOCUMENTS	CONFIRMED by PCG
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DECLARATION:

I, the undersigned certify that the information in this report is correct and true.

Signature of Reporter: ..... **Date:** .....

OFFICIAL USE

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