



PHARMACY COUNCIL OF THE GAMBIA

Off Kairaba Avenue  
Pipeline (opposite Mosque), Serrekunda  
Tel: (+220) 4383841, 7690904, 7382655; P.O.Box 4527 Bakau



Website: [www.gpc.gm](http://www.gpc.gm), Email: [info@gpc.gm](mailto:info@gpc.gm)

**PHARMACEUTICAL PERSONNEL REGISTRATION APPLICATION**

New Registration     Renewal     Registration No: .....

Pharmacist     Pharmacy Technician     Pharmacy Assistant     Nurse Dispenser

**A. PARTICULARS OF APPLICANT**

SEX:            Male             Female

TITLE \_\_\_\_\_ (Ms, Mr, Mrs, Pharm, Dr, Prof)

Passport Size  
photograph, if  
applicable (for  
new applicants  
only)

**FAMILY NAME/SURNAME**

**FORMER/MAIDEN NAME (if any)**

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**FIRST NAME(S)**

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**DATE OF BIRTH (DD/MM/YYYY)**

**NATIONALITY**

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**RESIDENTIAL ADDRESS**

**POSTAL ADDRESS**

Town/Area:		
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**TELEPHONE NUMBER**

**E-MAIL ADDRESS**

Landline Mobile WhatsApp		
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**B PROFESSIONAL EDUCATION OF APPLICANT****BASIC PROFESSIONAL EDUCATION (FOR NEW APPLICANTS ONLY)**

Type of degree/ Title on the certificate	
Name of University/Institution	
Country of University/Institution	
Date of Graduation	
Time (from – to) and Places of internship Teaching hospital pharmacy General hospital pharmacy Community pharmacy Advanced institutional rotation	

**CONTINUING PROFESSIONAL DEVELOPMENT (for renewal only)**

PROGRAMME	DATES

**OTHER RELEVANT PHARMACEUTICAL PROFESSIONAL EDUCATION/  
TRAINING (if applicable)**

NAME AND PLACE OF UNIVERSITY / INSTITUTION	COURSE	DATES

**C DATA OF LAST/CURRENT EMPLOYMENT (MANDATORY)**

**EMPLOYER TYPE**

Government/NGO  Private Institution/Company  Self-employed

**AREA OF PRACTICE**

Hospital/Health Centre  Clinic  Community Pharmacy   
 Academia/Research  Regulatory  Pharmaceutical Industry   
 Other  (Please specify) .....

**DO YOU SUPERVISE A PHARMACY/DRUGSTORE? YES  NO**

**NAME AND LOCATION OF PREMISE:** .....

**DO YOU OWN THIS PREMISE? YES  NO**

**NAME AND LOCATION OF CURRENT EMPLOYMENT:** .....

**DECLARATION:**

I, the undersigned certify that the information in the accompanying documentation concerning the application for registration indicated herein is correct and true.

*Please indicate submitted documents on the last page!*

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

**OFFICIAL USE**

<b>DATE OF RECEPTION:</b>		<b>STAMP</b>
<b>NAME OF RECEIVER:</b>		
<b>NAME OF REGISTRAR</b>		
<b>REMARKS/RECOMMENDATIONS BY REGISTRAR</b> .....		
.....		
.....		
<b>Signature:</b> ..... <b>Date:</b> .....		

<b>DOCUMENTS</b>	<b>SUBMITTED by applicant</b>	<b>CONFIRMED by PCG</b>
Application form (signed and dated)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of ..... for identification	<input type="checkbox"/>	<input type="checkbox"/>
Current coloured passport size photograph (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of completion of Internship Programme (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
A current (not older than one year) CV (signed and dated)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Pharmacy Degree Certificate (Pharmacists)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Certificate/Diploma (Pharmacy support staff)	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of qualification to practice in country of training (if trained abroad)	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of registration in country of previous practice (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of work permission in The Gambia (non-Gambians)	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of at least ten years practice as registered pharmacist (non-Gambian pharmacists trained and worked abroad)	<input type="checkbox"/>	<input type="checkbox"/>
Fulfilling the latest PCG decision (non-Gambian pharmacy support staff trained and worked abroad)	<input type="checkbox"/>	<input type="checkbox"/>
Contact details of the awarding training institution (Gambians trained abroad)	<input type="checkbox"/>	<input type="checkbox"/>
Contact details of the awarding training institution and employers (non-Gambians trained and worked abroad)	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify): ..... ..... .....	<input type="checkbox"/>	<input type="checkbox"/>