Application for the Registration Examinations of the Pharmacy and Poisons Board

This application form must be submitted by **post or hand delivery** to the Secretariat of the Pharmacy and Poisons Board at 1/F, Shun Feng International Centre, 182 Queen's Road East, Wanchai, Hong Kong. Submission by facsimile or email is NOT accepted.

Please fill in this form in print or typed Name: Mr/Mrs/Miss/Ms #	l letters)		()	
	(in	English)		(in Chinese, if any)	
Hong Kong Identity Card No./	Passport No. #				
Date of Birth:			Age :		
Address :					
		Tele _]	phone No.:		
Correspondence Address :					
Email Address:					
Education*					
Name of High School and University, etc.		F ()4	Period At (onth/Year)	tended To (Month/Year)	
Acadomic Ovalification*					
Academic Qualification* Qualification (Diploma, Degree, etc.)	Award	Awarding Authority		Date Awarded	
<u> </u>					
Professional Qualification*					
Board of Pharmacy wh		Date	Registered		

Pre-registration Supervis Name of Ins		Period Attended			
Traine of ms		From (Month/Year)	To (Month/Year)		
		110111 (1/1011111 1 0012)	10 (1/2011011/11/01/)		
ost-registration Experie	nce*				
Name of Institute, Organization, etc.		Period At	Period Attended		
		From (Month/Year)	To (Month/Year)		
			,		
mprisonment or found g	uilty of misconduct in	neen convicted of any off n a professional respect? give details on a separate p	-		
nprisonment or found granswer: Yes/No#. ote: #delete as appropriate. *supporting documents showitten in English a prop	If Yes, please sould be submitted togetherly authenticated English egistration as a Pharmaci	give details on a separate p er with the application. If any s version should be provided. Fo st issued by the Secretariat of	paper. Supporting document is not refer to the		
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