



REPUBLIC OF LIBERIA  
MINISTRY OF HEALTH (MOH)

# LIBERIA PHARMACY BOARD

CLAY BUILDING, SEKOU TOURE AVENUE  
MAMBA POINT MONROVIA  
P.O. BOX 10-9009  
1000 MONROVIA-10 LIBERIA



PHOTO

## DISPENSER LICENSURE APPLICATION FORM

Application Information: Please type or print

Full Name		
Last Name:	First Name:	Middle Name:
Official Mailing Address/ Area of Assignment:		
Position:	Date of Employment:	
City:	County/Country:	Zip Code:
Home Address (If different from above)		
City	County/Country	
Contact:	Email Address:	
Date of Birth (Month/Day/Year)	Sex (M) (F)	National Identification Registry (NIR):

### Dispenser's Education

Name(s) of University, College or training Institute	Country	Area of specialty	Date of Graduation	Degree

MINISTRY OF HEALTH (MOH)

CLAY BUILDING CO. 3200 130th AVE N.E.		
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DISPENSER LICENSED APPLICATION FORM

**Cashiering Only**

Signed: \_\_\_\_\_

Approved: \_\_\_\_\_

**Registrar General/CEO**