

MINISTRY OF HEALTH (MOH)

LIBERIA PHARMACY BOARD



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

РНОТО

Date:

DISPENSER LICENSURE APPLICATION FORM

Application Information: Please type or print ADM 21 ADM 21 ADM 21 ADM

| Full Name | Cashiering Only | | | |
|--|---------------------|--------------------|--|--|
| Last Name: | First Name: | Middle Name: | | |
| Official Mailing Address/ Area of Assignment | nent: | whate valle. | | |
| Position: | D. 05 | Date Cashiered: | | |
| | Date of Employment: | | | |
| Approyed: | | Amount: | | |
| Registrar General/CEC; | County/Country: | Zip Code: | | |
| | Licenses Fee | | | |
| Home Address (If different from above) | | | | |
| | | Receipt #: | | |
| City | County/Country | License #: | | |
| | county/country | | | |
| Contact: | Email Address: | Date Issue: | | |
| Date of Birth (Month/Day/Year) Sex (M) | | on Registry (NIR): | | |

Dispenser's Education

| Name(s) of University, College or training Institute | Country | Area of specialty | Date of Graduation | Degree |
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List all the countries where you have been or are currently licensed as a Dispenser.

| Country/State | LPB Num | ber: Issue Date | AIGIG | Expiration Date | | |
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| Applicant Signature: | (A-10 LIBERIA | | Da | te: <u>OTO</u> H9 | | |
| | OR THE BOARD USE O | | | | | |
| | Cashiering Only | | Full Name Last Name: | | | |
| Receipt #: | -9001 | nent: | Signed: | Official Mailing Address | | |
| Date Cashiered: | | | Director/Te | sting, Evaluation & Educat | | |
| | of Employment: | Date of Employmen | | Position: | | |
| Amount: | | | Approved: | | | |
| Zip Code: | License Fee | County/Country: | | Registrar General/CEO | | |
| Receipt #: | Dicense Fee | | | | | |
| License #: | | | | | | |
| | ountry | County/Country | | City | | |
| Date Issue: | l Addrese: | Email Address: | | Contact: | | |
| gistry (NIR): | ational identification Re | . (1)() | | Date of Birth (Month/De | | |
| | Area of specialty | | | Name(s) of University, C training Institute | | |
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