

## 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** 

PHARMACIST LICENSURE APPLICATION FORM

Application Information: Please type or print

Full Name	Castricing Only			
Last Name:	First Name:	Middle Name:		
Official Mailing Address/ Area of Assignm	aent:			
Position:	Date of Employment:	Date Cashiered:		
City:		- Amount:		
Registrar General/CECytiC	County/Country: Zip Code:			
Home Address (If different from above)		Receipt #:		
City	County/Country	License #:		
Contact:	Email Address:	Date Issue:		
Date of Birth (Month/Day/Year) Sex (M)	(F) National Identificati	ion Registry (NIR):		

## Pharmacist's Education

Name(s) of University, College or training Institute	Country	Area of specialty	Date of Graduation	Degree
8 : 3				
	<i>b</i>			

List all the countries where you have been or are currently licensed as a pharmacist.

Country/State	LPB Nun	iber: Issue D	ate	Expiration Date
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	INT MONROVIA	WANTEA PC		
Applicant Signature	A-10 LIBERIA	00 MONROVI	Date:	отоня
	FOR THE BOARD USE			
Cashiering Only			-ull Name	
Receipt #:	A semi	First Ma	Signed:	ast Name:
Date Cashiered:			Director/Testin	g, Evaluation & Edu
Amount:	of Employment:	Date	Approved:	Position:
Zip Code:	Country:	County	Registrar General/CEO	
	License Fee		(ferent from above)	
Receipt #:			(37000 mon monon	uz ii) eczibar. Villul.
License #:	Country	County/0		
Date Issue:	il Address:	Engo		
try (NIR):	Valional Identification Regis		h/Day/Year) Sex (M)	
				Pharmacist's Ec
Date of Graduation	Area of specialty	Country	ty, College or	Name(s) of Universi training Institute