



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

PHARMACIST 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):

Pharmacist's Education

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

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

Country/State	LPB Number:	Issue Date	Expiration Date

Applicant Signature: _____

Date: _____

THIS SECTION IS FOR THE BOARD USE ONLY.

Cashiering Only	
Receipt #:	
Date Cashiered:	
Amount:	
License Fee	
Receipt #:	
License #:	
Date Issue:	

Signed: _____
Director/Testing, Evaluation & Education
 Approved: _____
Registrar General/CEO

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