



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

PHARMACY TECHNICIAN LICENSURE APPLICATION FORM

Application Information: Please type or print

Full Name		First Name:		Middle Name:
Last 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):		

Pharmacy Technicians' 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 pharmacy Technician.

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