REPUBLIC OF LIBERIA
MINISTRY OF HEALTH (MOH)
PHARMACY BOARD OF LIBERIA
P.O. BOX 10-9009
1000 MONROVIA 10-LIBERIA
WEST AFRICA

JANUARY – DECEMBER 2024

PLEASE TYPE ALL INFORMATION

RENEWAL FORM

Retail Pharmacy

County: _____ Code._____

Name of Pharmacy: _____

***Please attach Photocopy of Business Registration, PBL Permit for 2023, and Photocopy of Dispenser *ID Card* & Pharmacist license for 2024**

*** Please attach Labor Work Permit 2023-2024 (NON – LIBERIAN ONLY)**

Location _____

Registration Year _____

Proprietor/Proprietress (1): _____ Contact: _____ Nationality: _____

Proprietor/Proprietress (2): _____ Contact: _____ Nationality: _____

Cashier / Manager_____ Contact: _____ Nationality: _____

County: _____

Dispenser/Pharm-Tech (1): _____ LPB#: _____ County: _____
Cell No_____ Date: _____

Dispenser/Pharm-Tech (2): _____ LPB#: _____ County: _____
Cell No_____ Date: _____

Email: _____

Pharmacist-in-charge Signature: _____ **PBL#:** _____

Cell No. _____ Email: _____

Note: No retail pharmacy shall operate as a clinic, treatment room, only registered pharmacist and dispenser are permitted to sell drug therein. Failure to comply, the Board shall **revoke** the permit of the pharmacy and the place be closed to the general public until otherwise ordered by the Pharmacy Board of Liberia.

Approved: _____ Date: _____
Pharmacist-In-Charge

PBL Use Only

Date submitted: _____

E-mail: pharmacyboardliberia@yahoo.com

REPUBLIC OF LIBERIA
MINISTRY OF HEALTH (MOH)
PHARMACY BOARD OF LIBERIA
CLAY'S BUILDING, SEKOU TOURE AVENUE-MAMBA POINT
1000 MONROVIA- 10 LIBERIA
P.O. BOX 10-9009
WEST AFRICA

Our Ref. No.

PLEASE TYPE ALL INFORMATION

JANUARY-DECEMBER 2024

PHARMACY STAFF (LIBERIAN ONLY)

Name of Pharmacy: _____ Identification / Code: _____

Address: _____

I. D. PHOTO

Name: _____
Country: _____ County: _____
Position: _____
Telephone #s: _____
Holder's Signature: _____

I. D. PHOTO

Name: _____
County: _____
Position: _____
Telephone #s: _____
Holder's Signature: _____

I. D. PHOTO

Name: _____
County: _____
Position: _____
Telephone #s: _____
Holder's Signature: _____

Approved: _____ Date: _____
Pharmacist-In-Charge

Email: pharmacyboardliberia@yahoo.com