

PHARMACY BOARD OF PAPUA NEW GUINEA



**APPLICATION FORM FOR RETENTION OF NAME IN THE REGISTER  
(PHARMACY TECHNICIAN)**

To: The Chairman Phone: 675 301 3866  
Pharmacy Board of Papua New Guinea Fax: 675 323 1631  
PO BOX 807  
WAIGANI  
PAPUA NEW GUINEA

1. I \_\_\_\_\_  
(Surname) (Other Names in Full)  
Registration number \_\_\_\_\_  
require my name to be retained in the register and hereby apply for a Practicing License as a Pharmacy Technician.

2. (a) Qualification \_\_\_\_\_  
(Any new qualification?)

(b) I enclose herewith the amount of K15 – Pharmacy Technician Annual Renewal fee.  
(Note: Fees must be payable to Pharmacy Board of PNG, vote 140/08 at the Provincial Finance and Treasury Cashier Office)

3. I forward the following particulars:  
Address:- (i) Residential: \_\_\_\_\_  
\_\_\_\_\_  
Postal: \_\_\_\_\_  
Province: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
  
(ii) Office Location: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
  
(iii) Are you in Public/Private Practice? \_\_\_\_\_

**NOTE: Registered Pharmacy Technician should send immediate notice of any change of registered particulars to the Chairman Pharmacy Board of Papua New Guinea, PO Box 807, Waigani, Papua New Guinea**

4. I hereby certify that the particulars submitted herein are true.

Declared at \_\_\_\_\_  
This \_\_\_\_ day of \_\_\_\_\_ 200 \_\_\_\_ (Signature of Applicant)

Before me \_\_\_\_\_  
(Commissioner of Oath/Justice of Peace/Notary Public)

<p><b>OFFICE USE ONLY:</b> (a) Is the application approved or rejected? _____ (b) If rejected, state reason (s) _____ (c) Signed by _____ Date: _____</p>
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