



PHARMACISTS COUNCIL OF NIGERIA



FOREIGN PHARMACY GRADUATE ORIENTATION PROGRAMME (FPGOP) ONLINE

Application Form

1.0 Name:.....
Surname First Name Others

1.1 Address:.....

1.2 Phone Number(s):..... email:.....

1.3 Date of Birth:.....
Day Month Year

1.4 State of Origin:.....
State LGA

1.5 Gender: Male Female
(Tick where appropriate)

2.0 Educational Records/Qualifications (with date)

S/ No	Institution(s) attended/Address(es)	Period of Attendance		Qualification (s) Obtained	Date Awarded
		From MM/YY	To MM/YY		

3.0 Pharmacists License/Registration

- 3.1 Number of years of practice.....
- 3.2 Registration number.....
- 3.3 Date of Registration.....
- 3.4 Current License number with date.....
- 3.5 Country/State of Registration.....
- 3.6 Specialty area

4.0 Tick (√) where applicable all supporting documents attached

- School transcript (with translation where applicable, stamped, signed and sealed)**
- Degree certificate**
- Two (2) recent passport-sized photographs**
- Birth certificate or sworn affidavit of Age**
- O' Level result (certificate or its equivalent)**
- Registration certificate in the Country of study or practice**
- Current license to practice**
- Evidence of payment of FPGOP Fee of \$1500**
- Evidence of change of name (if applicable)**

5.0 Certification

I hereby certify that the information provided in this application form is true and accurate to the best of my knowledge.

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Signature of Applicant with date