



**PHARMACISTS COUNCIL OF NIGERIA**  
FOREIGN PHARMACY GRADUATE ORIENTATION PROGRAMME  
(FPGOP)

**APPLICATION FORM**

**N.B:** All items must be filled out completely and correctly. Photocopies of this form are acceptable.

1(a) Names; \_\_\_\_\_  
Surname First name Middle name

1(b) Former/Maiden name: \_\_\_\_\_  
Surname Middle name First name

2(a) Address for correspondences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City Postal code

(b) Phone Number(s) \_\_\_\_\_  
email: \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_  
Day Month Year

4. Place of Birth: \_\_\_\_\_  
Country State

5. Nationality: \_\_\_\_\_  
State L.G

6. Gender:  
 Male  
 Female

(7) Marital Status:

Single       Widow/widower  Separated

Married       Divorcee

8. a Educational Record:

Institution (s) Attended/Address(es)	Date Attended		Qualification Obtained	Date awarded
	From	To		
	MM/YY	MM/YY		

8.b Specify area of Pharmaceutical Specialty.

9. Pharmacist's Licence and/or Registration (if applicable)

(a) Registration

No: \_\_\_\_\_

(b) Date of Registration: \_\_\_\_\_

(c) Current Licence Number: \_\_\_\_\_

(d) Date Current Licence was issued: \_\_\_\_\_

(e) Country of egistration: \_\_\_\_\_

10. Please indicate all supporting document and materials enclosed with your application.

School transcripts (with translation, where applicable, stamped, signed and sealed by the school authorities)

Degree Certificate (certified true copy)

Two color passport size photograph (white background)

Birth certificate (certified true copy or sworn affidavit of age)

- O'level result (certificate or its equivalent)
- Registration certificate in the country of study (if any, certified true copy by the licensing body)
- Current licence to practice, if any (certified true copy by the licencing body)
- Any other pharmacy-related certificate
- Application fee \$100 or its Naira equivalent)
- FPGOP Fess of \$800 or its Naira equivalent (subject to change without notice)
- Evident of change of name (if applicable)

11. I hereby certify that the information in this Application Form is true and accurate, to the best of my knowledge, and that the passport size photographs enclosed are recent.

Signature of applicant \_\_\_\_\_  
Signature Date

12 Subscribed and sworn to/or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Official

Title \_\_\_\_\_

Signature of a consular official/first-class magistrate or a notary public.