National Pharmacy Council
Rwanda

INTERNSHIP APPLICATION FORM

1. APPLICANT DETAILS

First Name:	Middle Name:	Last Name:
Sex:	Date of birth : __/__/_____	Nationality:
ID or Passport Number:		Email Address:
Valid Index number		
Telephone1:		Telephone 2:
Physical address: (1)Province:		(2) District:

2. EDUCATION BACKGROUND

University attended:	Country:
Contact Address of the university:	
Qualification: Diploma☐ or Bachelor Degree ☐	Number of years of the Program:
Duration of Training: Start:__/__/__ completion __/__/__	Date of graduation: __/__/__

Note:

Prior to the pre-registration examinations, all pharmacy graduates trained overseas must present a proof of one-year internship completion in Rwanda. The same applies for foreigners who wish to register with the National Pharmacy Council of Rwanda.

The internship is done as follows:

3 months in hospital;

2 months in supply chain Management;

3 months in community pharmacy

1 month in Regulatory institution

3. INTERNSHIP PLACEMENT

INSTITUTION	STARTING DATE	END DATE
Hospital	__/__/_	__/__/_
Retail Pharmacy	__/__/_	__/__/_
Supply Chain Management	__/__/_	__/__/_
Regulatory institution	__/__/_	__/__/_

Telephone: (+250)784614601   PO Box: 1858-Kigali, Rwanda
E-mail: info@pharmacycouncil.rw, rwandanpc@gmail.com   KN2 Avenue, Nyarugenge, Kigali
Website: www.pharmacycouncil.rw   Page **1** of **2**

4. REQUIREMENTS

#	REQUIREMENTS	Submitted :Yes or Not		
		Yes	No	NA
1	A certified copy of the Diploma/Degree in Pharmacy	☐	☐	☐
2	An equivalence of the degree issued by in Rwanda (HEC)	☐	☐	☐
3	A good standing certificate (foreigner applicant only)	☐	☐	☐
4	1 recent passport photo	☐	☐	☐
5	A copy of the Identification card/Passport	☐	☐	☐
6	Proof of index number issued by the NPC	☐	☐	☐
7	Advanced level certificate (A2)	☐	☐	☐
8	A work/Residency permit for foreigners	☐	☐	☐
9	A criminal record issued by a competent Authority in Rwanda	☐	☐	☐

3. STATEMENT OF TRUTH

I..do hereby declare that the information I have supplied on this form and any attachment is complete, correct and up to date. I commit myself to be accountable for all information provided on this form and its attachments and authorize its verification anytime.

Date: __/__/_____

Applicant's name and Signature: …………………………………… …………………….…

Telephone: (+250)784614601
E-mail: info@pharmacycouncil.rw, rwandanpc@gmail.com
Website: www.pharmacycouncil.rw
PO Box: 1858-Kigali, Rwanda
KN2 Avenue, Nyarugenge, Kigali
Page **2** of **2**