

PHARMACISTS COUNCIL OF NIGERIA

APPLICATION FOR ACCREDITATION AS A CENTRE FOR INTERNSHIP TRAINING PROGRAMME

1.0 Name of the Centre:

2.0 Full Address of the Centre:

3.0 Date of establishment of the Centre:

4.0 Area of Pharmacy Practice:

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| <input type="checkbox"/> Hospital Pharmacy | <input type="checkbox"/> Community Pharmacy |
| <input type="checkbox"/> Industrial Pharmacy | <input type="checkbox"/> Academic Pharmacy |
| <input type="checkbox"/> Administrative Pharmacy | <input type="checkbox"/> Consulting Pharmacy |

5.0 Premises Registration/Current Licence No:

6.0 Number of Internees requested:

7.0 Name of Director/Pharmacist in charge:

Qualification:

Additional Qualification:

Registration Number with Date of such registration with Pharmacists Council of Nigeria:

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Current Licence Number with Date:

8.0 List the details of other Pharmacists fully employed and registered by the Council:

Note: A comprehensive C.V of intending preceptor should be attached).

	Name	Qualifications	Reg. No. with Date	Current Licence No. with Date
a.				
b.				
c.				
d.				

9.0 Description of the pharmaceutical establishment (applicable to Hospital/Community Pharmacy Practice)

a) Dispensing Unit

Size of Area:

Dispensing facilities available;

Number of computers available:

- Reference Books available B.P, B.P.C.U.S.P. etc
- b) Preparation Unit:
- c) Counselling Unit:
- d) Quality Control Unit, what are the available facilities?
- e) Medical Store Unit:

10.0 Description of the accommodation available to the Internee(s):

- a) Is it suitable for a Senior Staff?
- b) Is it near to the Centre?

11.0 Access to other sections of Pharmacy Practice

- a) List the names and addresses of Hospital or Community Pharmacy Centres where you are planning to send the Internee(s) (they must have been accredited by PCN).

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- b) List the names and addresses of the Industrial Pharmacy Centres where you are planning to send the Internee(s) (they must have been accredited by PCN).

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- c) List the names and addresses of the Academic, Administrative Pharmacy Centres where you are planning to send the Internee(s).

Note: A proposed training scheme should be attached to this application)

Director/Pharmacist in Charge

Name: Signature: Date:

For Official Use Only

- i) Comment of Pharmacists Council of Nigeria's Inspector:

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- ii) Decision of Pharmacists Council of Nigeria's Education Sub-Committee:

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Approved

Not Approved

Name: Signature: Date: