

PHARMACISTS COUNCIL OF ZIMBABWE



DECLARATION BY A PRE- REGISTRATION PHARMACISTS SUPERVISOR IN RESPECT OF PRE-REGISTRATION TRAINING

I,an approved pre-registration pharmacists supervisor working full time at.....

.....
hereby declare that:-

- a), a pre- registration pharmacists under my supervision, did undergo the pre- registration training to my satisfaction and as required by the Health Professions Act [Chapter 27:19]

- b) In my own professional opinion, he/she displayed adequate knowledge of the practice and the requirements of the Health Professions Act [Chapter 27:19]. I therefore recommend him/her for registration as a pharmacist without any reservations

Signature..... Date.....

Qualification(s).....

Official Date Stamp

