



PHARMACISTS COUNCIL OF ZIMBABWE

DECLARATION BY SUPERVISOR

(To be sent with the appraisal form CTF-010)

**The Registrar
Pharmacists Council**

I (*full name in block letter*)

National Registration
number _____

Being the **pre-registration** supervisor for the pre-registration training undertaken at the following establishment

Hereby certify that (insert **trainee's** full name and reference code number)

Has completed a period of **pre-registration** training in the above named establishment totalling _____ calendar months between _____ and

And that the **pre-registration** training conformed to the requirements of the Pharmacists Council.

Signature _____ Date _____

OFFICIAL STAMP