



**PHARMACEUTICAL SOCIETY OF GHANA**  
**NEWLY QUALIFIED PHARMACISTS' REGISTRATION FORM**

**STAPLE  
(Passport sized)  
HEAD SHOT  
PHOTO HERE**

NAME: .....  
First Name
Middle Name
Last Name

MAIDEN NAME:..... GENDER:..... TITLE.....

REGISTRATION NUMBER: ..... REGISTRATION DATE.....

REGIONAL GROUP:..... INTEREST GROUP .....

PRACTICE GROUP .....

DATE OF BIRTH: .....PLACE OF BIRTH: .....

HOME TOWN: ..... NATIONALITY: .....

TELEPHONE .....  
Mobile
Mobile
WhatsApp

EMAIL:.....  
Main Email
Alternate Email

ADDRESS: .....  
.....

UNIVERSITY ATTENDED: .....

QUALIFICATION OBTAINED.....YEAR.....

COUNTRY OF TRAINING:.....

SIGNATURE:..... DATE:.....

**After completing your registration at the Pharmacy Council and receiving your registration number, please go to the website of the PSGH ([www.psqh.com](http://www.psqh.com)), to register as a New Qualified Member and create your profile.**

**FOR PSGH SECRETARIAT      ENDORSED BY:**

NAME:..... POSITION.....

SIGNATURE:..... DATE:.....