**IPERI PRE-REGISTRATION PHARMACIST SUPPORT PROGRAM — APPLICATION FORM**

**PERSONAL DETAILS:**

* Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Current Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION:**

* Pharmacy Degree Awarded By (University, Country): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Year of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other Qualifications (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRE-REGISTRATION GOALS:**

* Are you seeking support for MCAZ Exam 1A preparation? (Yes/No)
* Preferred Pre-Reg Focus (select all that apply):
☐ Hospital
☐ Manufacturing / Industry
☐ Retail / Community Pharmacy
☐ Academia & Research

☐ Regulatory Affairs & Policy

* Are you interested in exploring postgraduate studies? (Yes/No)

**DOCUMENTS REQUIRED (attach with form):**

* CV
Degree certificate and transcript
Passport/ID copy

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_