

APPLICATION FOR ANNUAL RETENTION AS A SPECIALIST/SUB-SPECIALIST

The Registrar,
Pharmacy and Poisons Board,
P.O. Box 27663-00506,
Nairobi

I, Prof./Dr.....

(Full names in block letters)

of P.O. Box Registration No..... do hereby apply for
Annual Retention as a Specialist/Sub-specialist pharmacist.

Name of Specialty:

Sub-specialty:

Number of Continuing Professional Development points attained in the previous year:

.....
(Attach applicable evidence)

Applicant's Signature: Date:.....