

**APPLICATION TO EXTEND THE PRP TRAINING PERIOD (Page 1)**

**Deputy Director (Pharmacy) @ Master Preceptor**  
Write the name of the state State Health Department  
**Ministry of Health (MOH)**

Name of PRP:..... I/C Number: .....  
 PRP Number: ..... Place of Training: ..... Date of Training (original dates): .....to.....

Justification to extend the training period tabulated as below:

No.	Training Module Name/ Personality Element	Reason for extension	Marks	Extension period	Duration of Extension
1				From..... to.....	
2				From..... to.....	
3				From..... to.....	
4				From..... to.....	
5				From..... to.....	
6				From..... to.....	
7				From..... to.....	
8				From..... to.....	
9				From..... to.....	
10				From..... to.....	
11				From..... to.....	
<b>Total Duration of Extension</b>					

**APPLICATION TO EXTEND THE PRP TRAINING PERIOD (Page 2)**

Fill the column below if PRP has been extended previously with the approval of Pharmacy Board Division

Please fill the details below if PRP’s training duration has been amended previously with the PBMD approval due to exceeded absence eligibility days otherwise please fill **NONE**.

- 1. Date of the approval letter :.....
- 2. Refence number of the approval letter :.....
- 3. Amended end date of the PRP training :.....
- 4. Total number absence days that been substituted previously :.....

Please fill the details below if PRP’s training duration has been extended previously with the PBMD approval otherwise please fill **NONE**.

- 1. Date of the approval letter :.....
- 2. Refence number of the approval letter :.....
- 3. Extended training period :.....
- 4. Extended training module :.....

Name of Principal Preceptor:.....

Sign & Chop:

Date of Application :.....