

APPRAISAL BY MASTER PRECEPTOR

Setiausaha
Lembaga Farmasi Malaysia
Bahagian Perkhidmatan Farmasi
Lot 36, Jalan Universiti,
46350 Petaling Jaya, Selangor.

Name of Provisionally Registered Pharmacist:

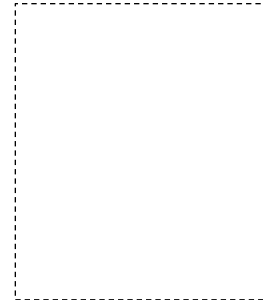
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I/C Number:

PRP Registration Number:

Place of Training:

Date of Training: From (date) to (date)



I certify that the above PRP has completed his / her training as required under subsection 6A(2) of the Registration of Pharmacist Act 1951.

1. Proposal:

1A. Certificate of satisfactory experience in accordance to sub-regulation 7(1) Registration of Pharmacists Regulations 2004 is **recommended** to be given to him/her

1B. Certificate of satisfactory experience in accordance to sub-regulation 7(1) Registration of Pharmacists Regulations 2004 is **not recommended** to be given to him/her

2. Details of Master Preceptor:

Name:

Master Preceptor's Signature:

Date: