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| http://upload.wikimedia.org/wikipedia/ms/archive/9/93/20090423144020!Coat_of_arms_of_Malaysia.png  **QUALIFYING EXAMINATION TO PRACTICE PHARMACY APPLICATION FORM**  **PHARMACY BOARD MALAYSIA DIVISION (PBMD)** | | |
| **Guidance/ PBMD Requirement for application (please read carefully prior to filling the form)**   1. This is a digital form (handwritten forms will not be accepted). Please fill the form electronically and submit it to PBMD together with a complete set of certified supporting documents via **EMAIL ONLY** at the email address [pkumf@moh.gov.my](mailto:pkumf@moh.gov.my) 2. Incomplete form/ form without appropriate supporting documents will not be processed and may lead to the failure of the candidate to sit for the current examination session. 3. All supporting documents **MUST** be certified by a **Malaysian Registered Pharmacist** or **Malaysian Registered Medical Practitioner** stating their registration and annual certificate/ annual practicing certificate number on the documents. 4. This form should be submitted to PMBD prior to the **closing date** as announced on the website [www.pharmacy.gov.my](http://www.pharmacy.gov.my) 5. Within **ten (10) working days** from the date of receiving a complete application form, eligible candidates will receive an **examination slip** from PBMD via email. 6. Supporting documents to be enclosed together with this form:    1. Certified copy of Malaysian Identification card (Only for Malaysian citizens) **OR** a Certified Copy of Passport (Only for non- Malaysian citizens)    2. Certified copy of Degree Certificate | | |
| 1. **DETAILS OF THE EXAMINATION** | | |
| 1. | Examination Date | : Click or tap to enter a date. |
| 2. | Number of attempts | : Choose an item. |
| 3. | Preferred examination Center | : Choose an item. |
| ***Attention: In any circumstance, if the selected center reached its full capacity, PBMD will choose any other center which is nearest to your selected center.*** | |
| **B. DETAILS OF THE CANDIDATE** | | |
| 1. | Full Name | : Click or tap here to enter text. |
| 2. | Malaysian Identification card Number (for citizens only) | : Click or tap here to enter text. |
| 3. | Passport Number (for non-citizens only)  Passport Expiry date | : Click or tap here to enter text.  : Click or tap to enter a date. |
| 4. | E-mail address | : Click or tap here to enter text. |
| 5. | Personal Mobile Number | : Click or tap here to enter text. |
| 6. | Malaysian Residential Address | : Click or tap here to enter text. |
| Postcode | : Click or tap here to enter text. |
| State | : Click or tap here to enter text. |
| 7. | Malaysian Correspondence Address (Fill if different from Residential Address) | : Click or tap here to enter text. |
| Postcode | : Click or tap here to enter text. |
| State | : Click or tap here to enter text. |
| **C. DETAILS OF EDUCATION QUALIFICATION** | | |
| 1. | Name of the University | : Click or tap here to enter text. |
| 2. | Name of the Qualification | : Click or tap here to enter text. |
| 3. | Type of the degree program | : Choose an item. |
| **D. DECLARATION** | | |
| 1. | Declaration:  Here I declare that I Click or tap here to enter text. with IC/Passport number Click or tap here to enter text. is the applicant for the Qualifying Examination To Practice Pharmacy and has provided valid and credible information in this form. PBMD has all the rights to reject my application if any of the provided information is found forged.  Date : Click or tap to enter a date. | |