



NOTIFICATION OF COMPLETION OF 152 HOURS OF SUPERVISED PRACTICE

by the holder of a degree in pharmacy from outside of Australia
(The 152 hours must have been completed over at least 4 weeks.)

**This Form P521 must be returned by the applicant to:
THE PHARMACISTS BOARD OF QUEENSLAND, GPO BOX 2438 BRISBANE QLD 4001**
PLEASE COMPLETE THE FOLLOWING INFORMATION BY CLEARLY *PRINTING* IN THE SPACE PROVIDED

Personal Details:

Family Name		Title (Mr, Ms etc)	
Given Names			
Date of Birth			
Country of Birth			

Contact Details:

Address for correspondence	
Telephone	
Email	

Details of Supervised Practice:

Name of Pharmacy	
Address of Pharmacy	
Pharmacy telephone	
Date of Commencement	
Date of Completion	
Name of supervising Pharmacist	
Hours per week	

Supervising pharmacist declaration

I certify that the above named pharmacist has satisfactorily completed, under my supervision, 152 hours of supervised practice, over at least 4 weeks, at the above named pharmacy.

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(Signature of Applicant)

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(Signature of Supervising Pharmacist)

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