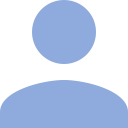
**Field of Specialization**

For FAPA-CP Staff only

Application no.

Date

** Personal Information**



Title First Name (Given Name) Middle Name Last Name

1. Year of Birth (yyyy)
2. Country of Citizenship

**Contact Information**

1. Mailing address:

City State/Country Zip Code

Phone / mobile number

1. Email address:
2. Emergency contact person: Name

Relationship Phone / mobile number

**Education**

1. List all universities, colleges, graduate, and professional schools you have attended. Begin with most recent. If necessary, attach a separate sheet

|  |  |  |  |
| --- | --- | --- | --- |
| **Institution** | **Country** | **Degree granted / Major** | **Date received** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Publication / Product / Work Piece**

1. List of your publication / product / work piece
   1. Submitted as part of graduation requirements for your pharmacy board certification

* 1. Other publications / academic works

**Working experiences**

1. List all job experiences you have had. Begin with most recent

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization** | **Position** | **Address & phone** | **Working period** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**References**

1. List two persons you are asking to be your references

|  |  |  |
| --- | --- | --- |
| **Name and Title** | **Address & phone** | **Email address** |
|  |  |  |
|  |  |  |

I certify that the information in this application is true and complete to the best of my knowledge and that I understand that inaccurate information may affect my admission to the final examination.

Applicant Signature Date

**Approval from the director of your training program**

1. I certify that the applicant has met the requirement of (Training Program)

on the date of under (College)

Signature Date

Director of

**Application Checklist**

The application and all required documents must be saved as .pdf file and submitted to: info@fapa-cp.org

Required documents:

* Application form
* Copy of identification card / passport
* Copy of Certification of Equivalent Training Program
* Full text of your publication
* Final Examination fee of USD200 or 7,000 ThaiBaht transferred to the following bank account:
  + Bank Name: Siam Commercial Bank
  + Branch: Siam Square
  + SWIFT Code: SICOTHBK
  + Account name: FAPA CP
  + Account number: 038-483733-1