

Application for Final Examination Federation of Asian Pharmaceutical Associations College of Pharmacy (FAPA-CP)

For FAPA-CP Staff only
Application no.
Date

<u></u>	Field of Specialization					
•	Personal Information					
1.	Title First Name (Given Name)	M: 111-	Name	Last Name		
2	,			Last Name		
2.	Year of Birth (yyyy)					
3.	Country of Citizenship					
\searrow	Contact Information					
4.	Mailing address:					
	CityState/Country	У		Zip Code		
	Phone / mobile number					
5.	Email address:					
6.	Emergency contact person: Name_					
	Relationship	I	Phone / mobile	number		
	Education					
7.	List all universities, colleges, graduate, ar recent. If necessary, attach a separate she		al schools you	have attended. Be	egin with m	ost
	Institution	Country	Degree g	ranted / Major	Date rec	eived
8.	Publication / Product / Work F	piece				
	 a. Submitted as part of graduation requirements. b. Other publications / academic works 	rements for y	our pharmacy	board certification		-



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Working	experiences
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9.	List all job experiences you have had.	Begin with most recent
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Organization	Position	Address & phone	Working period				
References							
10. List two persons you are asking	ng to be your refere	nces					
Name and Title	Add	ress & 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 dire	•	9 1 9					
11. I certify that the applicant has							
on the date of	under (Colleg	e)					
Signature		Date					
Director of							
	Application	on Checklist					
The application and all required d Required documents:	ocuments must be s	aved as .pdf file and submitte	ed to: info@fapa-cp.org				
Application formCopy of identification car	rd / passport						
☐ Copy of Certification of Equivalent Training Program							
☐ Full text of your publicati ☐ Final Examination fee of		haiBaht transferred to the fol	lowing bank account:				
o Bank Name:	Siam Commer						
Branch:SWIFT Code:	Siam Square SICOTHBK						

FAPA CP

038-483733-1

Account name:Account number: