

**MINISTRY OF HEALTH
MEDICAL LICENSING DEPARTMENT**



Request for the License to practice a Pharmacy Profession in the State of Kuwait, according to the Law No. 28 of the year 1996.

Full Name of the Candidate :.....
Place and Date of Birth :.....Sex:.....
Nationality :.....
Permanent Address in Country of Origin :.....Tel:.....
Permanent Address in Kuwait :.....Tel:.....
Place of work in Kuwait :.....
Title of Profession :.....

Scientific Qualification (Place and Date of Issue)

1.....
2.....

Experience

1.....
2.....

Have you ever been employed in Kuwait? If “Yes” mention Place & Date

.....
.....

Other Documents to be presented :.....

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Here by I am requesting to issue for me a license to practice the profession of **Pharmacy** in the State of Kuwait, according to the Law No. **28** of the year **1996** and I declare that all the above mentioned documents are correct and true. I also approve on accepting all the Laws which is mentioned and whether there is a new rules which concerned with this subject and paying all the fees implemented.

Date :.....
Signature:.....

Form No. 3 - Pharmacist

