



**PHARMACISTS COUNCIL OF ZIMBABWE**  
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## **Examinations Declaration By Supervisor**

I.....PCZ Reg Number.....

being the Pre-Registration Pharmacists Supervisor for.....

.....PCZ Reg Number.....

declare that I observed him/ her writing the Pharmacists Professional Qualifying Examination Level 1B / Level 2 (as per the Pharmacists Council of Zimbabwe

Requirements) on.....at.....hours.

Contact Number.....

Email address.....

Name of Health Institution.....

Supervisor's signature.....

Health Institution Date Stamp