

AUTHORITY TO PRACTICE AS AN ACCREDITED DRUG SELLER



Pharmaceutical
Society of Uganda

This is to certify that



Has satisfactorily met the conditions to allow him/her to practice
as an accredited drug seller at

For the period _____ to _____

Secretary, PSU

Date of Issue

Note:

1. This authority should be displayed in the premises along with a valid Accredited Drug Seller Certificate
2. This authority does not independently, without the holder's basic qualifications, qualify him/her for a job in a pharmaceutical setting.