



#### 4. Other Training/Seminars Attended (National Qualification-related)

4.1. Title	4.2. Venue	4.3. Inclusive Dates	4.4. No. of Hours	4.5. Conducted By

*(For more information, please use separate sheet)*

#### 5. Licensure Examination(s) Passed

5.1. Title	5.2. Year Taken	5.3. Examination Venue	5.4. Rating	5.5. Remarks	5.6. Expiry Date

*(For more information, please use separate sheet)*

#### 6. Competency Assessment(s) Passed

6.1. Title	6.2. Qualification Level	6.3. Industry Sector	6.4. Certificate Number	6.5. Date of Issuance	6.6. Expiration Date

*(For more information, , please use separate sheet)*

### ADMISSION

REFERENCE NUMBER : PHA 1 9 0 4 1 0 1 2 2 0 0 0

<b>Name of Applicant:</b>	<b>Tel. Number:</b>
<b>Assessment Applied for: Pharmacy Services NC III</b>	<b>Official Receipt Number:</b>
<b>Date Issued:</b>	
<b>To be accomplished by the Processing Officer</b>	
<b>Name of Assessment Center: ACADEMIA DE LIPA CITY INC.</b>	
Check submitted requirements:	Remarks:
<input type="checkbox"/> Accomplished Self-Assessment Guide	<input type="checkbox"/> Bring own Personal Protective Equipment
<input type="checkbox"/> Three (3) pieces colored passport size pictures	<input type="checkbox"/> Others. Pls. specify
<b>Assessment Date:</b>	<b>Assessment Time:</b>

**PICTURE**  
(Passport size)

_____ JERLYN T. GAMBOA Printed Name & Signature of Processing Officer	_____ Printed Name & Signature of Applicant
Date:	Date:

*Note: Please bring this Admission Slip on your assessment date.*