



**IAAP**

International Association of  
Anthroposophic Pharmacists

## Application for the final examination

**in order to gain the title “Pharmacist specialised in Anthroposophic Pharmacy”**

Please send the filled-in form and attachments to [info@iaap-pharma.org](mailto:info@iaap-pharma.org).

I herewith apply for the oral exam:

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Title, Name, First Name

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Profession

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Date of birth (dd.mm.yyyy)

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Address

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Phone number

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E-Mail address

Attached documents (scan / copy):

- Copy of Diploma of Pharmacy
- Confirmation of at least one (1) year work in a pharmaceutical field
- Confirmation of attendance of accredited courses and modules
- Confirmation of practical hours in relation to Anthroposophic Pharmacy
- Confirmation (self-declaration) of independent study time
- Copy of project thesis

*Please note: the examination can only take place after the project thesis has been approved by the IAAP.*

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Date, Signature

IFER\_ApplicEx\_V06

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International Association of  
Anthroposophic Pharmacists

Goetheanum  
Medizinische Sektion  
Postfach  
4143 Dornach  
Schweiz

Phone: +41 61 706 4475  
[info@iaap-pharma.org](mailto:info@iaap-pharma.org)  
[www.iaap-pharma.org](http://www.iaap-pharma.org)

Bank Account  
Swiss Post PostFinance Bern  
IBAN: CH88 0900 0000 9148 9877 9  
BIC: POFICHBEXXX