



The Commonwealth of The Bahamas  
**BAHAMAS PHARMACY COUNCIL**

P.O. Box N- \_\_\_\_\_  
Nassau, Bahamas

*Attached is an application for registration to be completed and returned to The Bahamas Pharmacy Council along with notarized copies or the originals of the below listed documents.*

**GUIDELINES FOR APPLICATION**

Please tick  appropriate box to ensure that all information (notarized copies or originals) is submitted

- Fully completed application form
- Identification, ie. Copy of Birth Certificate or Passport or NIB Card or Driver's License
- Two (2) Passport size photograph
- Health Certificate
- Current Police Record
- Notarized copies of Pharmacy Qualifications   
(if original cannot be presented for verification by Chairman or Registrar)
- Current Registration/Licensure Certificate   
where applicable (notarized copy)
- Evidence of other Registration/Licensures   
(US, Canadian, United Kingdom or Jamaica)
- Certificate of Good Standing   
(Only original documents accepted from relevant Licensing Authority  
attesting to whether or not the applicant has ever been subject to disciplinary enquiry).
- Document certifying citizenship status,   
(eg. Copy or relevant parts of Passport/Permanent Residency Certificate or Work Permit)
- Documentary evidence of the number of hours of practical experience in Pharmacy under supervision
- Four (4) references (written) 
  - Professional (2)
  - Character (2)
- Detailed Curriculum Vitae   
(including Full Pharmacy Education and Post-Graduate Training, Post-Graduate Qualifications, Clinical Experience, Employment History and any Research Work)

**Non-Bahamians**

Please provide a letter from the employing institution confirming an offer of employment and describing the post offered to you.   
(must be received by Council prior to applicant assuming duties)

**PLEASE NOTE:**

- (a) **FAILURE TO PROVIDE ALL OF THE ABOVE DOCUMENTS WILL RESULT IN REJECTION OF THE APPLICATION.**
- (b) If approved, Certificate of Registration and Licence will only be issued upon payment of prescribed fees.



**BAHAMAS PHARMACY COUNCIL**

**APPLICATION FOR REGISTRATION AS A PHARMACIST, PHARMACY TECHNICIAN OR OTHER PRACTITIONER UNDER SECTION 9 OF THE PHARMACY ACT**

<b>Section 1 - Personal Information</b>			Registration Fee \$ _____
Current Legal Name: _____ (See notes at the end of this section)			
_____	_____	_____	_____
First Name	Middle Name	Last Name	Suffix (Jr., Sr., III, IV, etc)
List ALL other Names by which you have ever been known (Maiden, Married, etc.)			
National Insurance Number/Country I.D. No.:		Place and Date of Birth:	
Type of Practice (Pharmacist, Technician or other Practitioner)	Age:	Gender:	

**Note: The name entered on the first line of this section will be your original licence name**

**Section 2 - Contact Information**

P.O. Box:	Email Address:	City/Island/Country:
Place of Employment & Address:		Home Address:
_____	_____	_____
Home Telephone:	Work Telephone:	Other Telephone (Cell):

**Section 3 - Education**

Name of College/University/Institution attended for Pharmaceutical Studies	Type of Degree or Certificate Conferred
Address of Institution	Date Degree or Certificate Conferred
Additional sub-specialty qualifications	
Name & Address of Institution:	Date Completed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For Official use only Officer: _____ Registration #: _____ Fee received: _____ Documents verifies by: _____
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