



BAHAMAS PHARMACY COUNCIL
APPLICATION FOR LICENSE TO PRACTICE PHARMACY

Licence Fee \$ _____

Renewal Application New Application

Registration #: _____ Licence #: _____

Section 1 - Personal Information

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: <input type="checkbox"/> Provisional Pharmacist <input type="checkbox"/> Intern <input type="checkbox"/> Temporary Licence <input type="checkbox"/> Pharmacist <input type="checkbox"/> Technician		Present 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:	Home Address (Name of Street, Area & House #):	Email Address:
Place of Employment & Address:		City/Island/Country
_____ 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:
List higher qualifications and address: (Attach additional pages if necessary)	
Name & Address of Institution:	
Professional Qualifications:	Date Obtained:

Section 4 - Other Licences/Registration(s)

Have you **EVER** been licensed, registered, certified or otherwise approved to practice as a pharmacist or assist in the practice of pharmacy in any other jurisdiction?

<input type="checkbox"/> Yes	List each jurisdiction below. Attach additional pages, if necessary. Contact each jurisdiction and request that they provide the Bahamas Pharmacy Council with a letter stating the current status of your credentials with them. The letter must also state whether or not you have ever had disciplinary action taken against you.		
<input type="checkbox"/> NO	Proceed to Section 5		
Credentials #:	Type or Credential:	Credential Issued by:	
Has there been disciplinary action taken against this license? <input type="checkbox"/> NO <input type="checkbox"/> Yes	Initial License Date:	Expiration Date:	
Credentials #:	Type or Credential:	Credential Issued by:	
Has there been disciplinary action taken against this license? <input type="checkbox"/> NO <input type="checkbox"/> Yes	Initial License Date:	Expiration Date:	

Section 5 - Impairment and/or Drug/Alcohol Addition(s)

Have you EVER habitually used or been diagnosed as addicted to drugs or alcohol?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you EVER been diagnosed with or do you have any physical or mental impairment, which may affect your ability to practice safely as a Pharmacist?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Section 6 - Criminal Activity/Disciplinary Action

Note: Failure to disclose criminal history may result in the denial of your application, even if the records have been expunged.

Have you EVER been arrested in any jurisdiction?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you EVER had any disciplinary or adverse action taken against you by any other government or law enforcement agency or court in any jurisdiction?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are you currently charged with the commission of an offence in any jurisdiction?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you EVER been convicted of an offence in any jurisdiction?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

If you answer "Yes" to **ANY** of the questions in Section 6, you must attach a letter of explanation and a **CERTIFIED COPY** of the court judgment in the case for **EACH** incident. If charges were dismissed, provide a letter from the appropriate agency confirming dismissal of the charges.

PLEASE ANSWER THE FOLLOWING QUESTIONS:	YES	NO
1. Have you ever been denied the privilege of taking a pharmacy licensing examination? If yes, state which examination, where, and explain. _____		
2. Have you ever had any disciplinary action taken against your pharmacist licence in any other jurisdiction? If yes, what jurisdiction and give date and explain. _____		
	YES	NO

<p>3. Have you ever been convicted or, pled nolo contendere to, or have charges pending of a violation of international or local drug law? If yes, what jurisdiction and state where charged or convicted, Explain, and attach copies of any official documents such as warrants and court orders showing the nature and disposition of such charges or convictions.</p> <p>_____</p> <p>_____</p>		
	YES	NO
<p>4. Have you ever been physically or emotionally dependent upon the use of alcohol or drugs or treated by, consulted with, or been under the care of a professional for any substance abuse within the last two years? If yes, please provide a letter from the treating professional.</p> <p>_____</p> <p>_____</p>		
	YES	NO
<p>5. Do you have a physical disease, mental disorder, or any condition which could affect your performance or professional duties? If yes, provide a letter from your treating professional to include diagnosis, treatment, prognosis and fitness to practice.</p> <p>_____</p> <p>_____</p>		

The following documents should accompany this application:

- (a) a current police record;
- (b) a current health certificate;
- (c) certified copies of any relevant certificates or qualifications;
- (d) a copy of current work permit or permanent residence certificate, if applicable;
- (e) a copy of applicant's previous certificates of registration and licence, if applicable; and
- (f) proof of required hours of practice.

Signature

Date

<p>For Official use only</p> <p>Officer: _____</p> <p>Registration #: _____</p> <p>Fee received: _____</p> <p>Documents verifies by: _____</p>
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