



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

- |                                     |   |                          |
|-------------------------------------|---|--------------------------|
| <input checked="" type="checkbox"/> | Fully completed application form  | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | Identification, ie. Copy of Birth Certificate or Passport or NIB Card or Driver's License   | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | Passport size photograph  | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | Health Certificate  | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | Current Police Record   | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | Notarized copies of Pharmacy Qualifications<br>(if original cannot be presented for verification by Chairman or Registrar)  | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | Current Registration/Licensure Certificate where applicable (notarized copy)  | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | Evidence of other Registration/Licensures<br>(US, Canadian, United Kingdom or Jamaica)  | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | Certificate of Good Standing<br>(Only original documents accepted from relevant Licensing Authority attesting to whether or not the applicant has ever been subject to disciplinary enquiry). | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | Document certifying citizenship status, (eg. Copy or relevant parts of Passport/<br>Permanent Residency Certificate)  | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | Four (4) references (written) <ul style="list-style-type: none"><li>▪ Professional (2)</li><li>▪ Character (2)</li></ul>  | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | Detailed Curriculum Vitae<br>(including Full Pharmacy Education and Post-Graduate Training, Post-Graduate<br>Qualifications, Clinical Experience, Employment History and any Research Work)   | <input type="checkbox"/> |

**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 OF A FACTORY OR WAREHOUSE  
 UNDER SECTION 33 & 34 OF THE ACT

Application #: _____	Registration Fee \$ _____
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<b>Section 1 - Type of Application</b> (Tick appropriate box)			
<input type="checkbox"/>	New Registration	<input type="checkbox"/>	Renewal Application
<input type="checkbox"/>		<input type="checkbox"/>	Ownership transfer or an existing registered factory or warehouse
<b>Section 2 - Type of Industry</b> (Tick appropriate box)			
<input type="checkbox"/>	Wholesale	<input type="checkbox"/>	Manufacturer

**Section 3 - Factory or Warehouse Information**

Name of Factory or Warehouse:		
Street Address of Factory or Warehouse:	City/Island/Country:	
Email:	Phone No.:	Fax No.:
Expected date of opening/ownership transfer:	Copy of Inspector's Report attached: <input type="checkbox"/>	
Supervisor /Officer-in-charge:	Licence #:	
Will/does this factory or warehouse engage in sterile product compounding? Yes: _____ No: _____		

**Section 4 - Factory or Warehouse Ownership** (Tick appropriate box)

The Factory or Warehouse identified in section 3 is owned by the following - select only one, then enter name. An entry must be made. DO NOT enter "Same as Above".		
<input type="checkbox"/>	Corporation	Name of Corporation:
<input type="checkbox"/>	Limited Liability Co.	Name of Limited Liability Co. (LLC):
<input type="checkbox"/>	Individual	Individual's Name:
<input type="checkbox"/>	Association	Association's Name
<input type="checkbox"/>	Government	Name:
<input type="checkbox"/>	Other (Attach Explanation)	

**Section 5 - List of Owner's Address**

1. Enter the business address of the Corporation, LLC, Individual, Partnership, Association, ETC. entered in Section 4. See note below.		
Street Address:		City/Island/Country:
Business Telephone:	Fax:	Email Address
2. Enter the business address of the Corporation, LLC, individual, Partnership, Association, etc. entered in Section 4. See note below.		
Street Address:		City/Island/Country:
Business Telephone:	Fax:	Email Address:

**Section 6 - Ownership of Existing Registered Factory or Warehouse**

Does the owner listed in Section 5 currently own any other pharmacy? If "Yes" complete below.		Yes: _____ No: _____
Name of Pharmacy:		Registration #
Pharmacy Address:		
Name of Pharmacy:		Registration #
Pharmacy Address:		

I hereby certify that I understand the Laws and Regulations and hereby undertake that the Factory or Warehouse will be operated in accordance with such laws and regulations.

I understand that this registration is valid for a period of one year and must be renewed thereafter.

\_\_\_\_\_  
Signature & Position

\_\_\_\_\_  
Date

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