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 ❑
- 2 Passport size photograph ❑
- 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)
- 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)
- Certificate of Sanitation issued by the Environmental Health Services. ❑

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.

FORM 1 **Regulation 3(1)**

BAHAMAS PHARMACY COUNCIL

APPLICATION FOR REGISTRATION OF A PHARMACY

Application #: _____	Registration Fee $_____

Section 1 - Type of Application (Tick appropriate box)

❑	New Registration	❑	Renewal Application	❑	Ownership transfer or an existing registered pharmacy

Section 2 - Type of Pharmacy (Tick appropriate box)

❑	Retail	❑	Institutional	❑	Emergency Medical Services
❑	Other (please specify): _____ -				

Section 3 - Pharmacy Information

Name of Pharmacy:		
Pharmacy Address:		City/Island/Country:
Phone No.	Email:	Fax No.:
Expected date of opening/ownership transfer:		Date of Inspection:
Pharmacist or other practitioner in charge:		Licence #:
Will/does this pharmacy engage in sterile product compounding?		Yes: _____ No: _____

Section 4 - Pharmacy Ownership (Tick appropriate box)

The Pharmacy 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".

	Corporation	Name of Corporation:
	Limited Liability Co.	Name of Limited Liability Co. (LLC):
	Individual	Individual's Name:
	Association	Association's Name
	Government	Name:
	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:	Email Address:	Fax:
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:	Email Address:	Fax:

Section 6 - Ownership of Existing Registered Pharmacy

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:	
Name of Pharmacy:	Registration #
Pharmacy Address:	
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 Pharmacy 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: _____