

PHARMACY COUNCIL Application Checklist



Applicant's Name:

D.O.B.: _____

Profession:

Time:

Registration Type: *PL*, IL, ProvL

		Attending Officer:	Comments
	☐ <u>Routine</u> ☐ Application: <u>CI\$500.00</u> ☐ Registration CI\$ _____ ☐ Expedited Fee CI\$ _____ ☐ Practising CI\$ _____ Total Months _____	Pursuant to the Health Practice Regulations (2021 Revision) Section 7 (2) ☐ <u>Expedited Fees</u> (HPC Regulation Schedule 2 (4) a, b, c Amendment 2020 of Schedule 2 fees) ☐ Emergency \$ 1000.00 (to be processed within 24 hours “AFTER” the application is reviewed and accepted by the Registrar) ☐ Urgent \$ 800.00 (to be processed within 3 business days “AFTER” the application is reviewed and accepted by the Registrar) ☐ ☐ Express \$ 650.00 (to be processed within 7 business days “AFTER” the application is reviewed and accepted by the Registrar)	
1.	Passport-size photograph	☐ Dated:	
2.	Application Form – Form A	☐	
3.	Curriculum Vitae or Resume	☐	
4.	Letter of Good Standing Country: _____	☐ Dated:	
5.	CURRENT L icence/ Practicing Certificate Country: _____	☐ Exp. date:	
6.	Diplomas & Certificates (Profession/Country / Yr) _____ _____	☐ Translation ☐ ☐	
7.	Healthcare facility reg. cert. – copy	☐	
8.	Letter of Affiliation: Date Start: _____	☐	
9.	Letter of Intent (Applicant's letter)	☐	
10.	Professional reference 1 Name: _____	☐ Dated	
11.	Professional reference 2 Name: _____	☐ Dated:	
12.	Character reference [+4 years] Name: _____	☐ Dated:	
13.	Police certificate Country: _____	☐ Dated: ☐ Date Exp:	
14.	Medical Report Doctor: _____	☐ Dated:	
15.	Copy of passport	☐ Exp date:	
16.	CPE Summary Form CPE Certificates 40 hrs (Mandatory) (Must be done within 24 months prior submission)	☐ # _____	
17.	CPR Certificate (Mandatory) (CPR must be completed at least 6 months prior submission)	☐	
18.	Form D – HP Register Information	☐	