THE DEPARTMENT OF HEALTH REGULATORY SERVICES - Health Practice Commission

PHARMACY COUNCIL Application Checklist

Applicant's Name: _____ **D.O.B.:** _____

Profession: _____ **Time:** **Registration Type: *PL*, IL, ProvL**

		Attending Officer:	**Comments**
	☐ **Routine** ☐ Application: CI$500.00 ☐ Registration CI$_____ ☐ Expedited Fee CI$ _____ ☐ Practising CI$_____ Total Months _____	☐ _____	
1.	Passport-size photograph	☐ Dated:	
2.	Application Form – Form A	☐	
3.	Curriculum Vitae or Resume	☐	
4.	Letter of *'Good Standing'* Country: _____	☐ Dated:	
5.	CURRENT *Licence/ 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	☐	