**FORM B**

**THE PHARMACY ACT, 1966**

**(ACT 5 OF 1966)**

**APPLICATION FOR REGISTRATION AS A PHARMACIST**

To The Pharmacy Council

91 Dumbarton Ave

Kingston 10

Name of Applicant………………………………………………………………...

**(In Block Letters)**

Age of applicant……………………………………………………………………

(Photostat of certified copies of Birth Certificate should be attached)

Date of Application………………………..…… Telephone No.. ………………..............

Address…………………………………………………………………………………….

Email……………………………………………………………………………………….

Qualification of applicant…………………………………………………........................

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(Photostat of certified copies of Qualifications should be attached)

Three testimonials to be attached (Two from registered pharmacists and one other)

Registration fee of $ 50.00 (USD) or its Jamaican equivalent

Two (2) Passport size photographs (certified to be true copies by a Justice of the Peace)

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Signature of applicant

**To be completed by the Registrar**

Date registered/refused…………………………………………………………………….

Registration no…………………………………………………………………………….

Date and No. of Gazette Notice in which registration published………………………….

Reason for refusal, if refused………………………...…………………………………….

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Signature of Registrar