



FORM A
THE PHARMACY ACT, 1966
(Act 5 of 1966)

Regulations 3 (1)

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APPLICATION FOR REGISTRATION AS A PHARMACEUTICAL STUDENT

To the Pharmacy Council

Name of applicant.....
(In block letters)

Address of applicant.....
(In block letters)

Telephone Number Date of application.....

E-mail address.....

Age of applicant.....
(Photostat/certified copy of Birth Certificates should be attached)

Qualification of applicant.....
.....
.....
(Photostat/certified copies of qualifications should be attached when possible)

Testimonials (3 to be attached)

Name of Parent/Guardian (if under 21).....
(In Block Letters)

Address of Parent/Guardian

.....

Signature of applicant

To be completed by the approved college at which applicant has been admitted as pharmaceutical student

Date of admission.....

Recommendation.....

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.....

Dean or Head of School/Department

To be completed by Registrar,

Date approved/Refused by the Council.....

Date registered, if registered.....

Reason for refusal, if refused.....

The Pharmacy Council, Ministry of Health & Wellness
91 Dumbarton Avenue, Kingston 10
Tel: (876) 926-4353; 926-2637, 9062807, Fax: (876) 926-6935
Website: www.pcoj.gov.jm; Email: rxccounciljm@pcoj.gov.jm;

Signature of Registrar