



## **GUIDE FOR COMPLETING FORM A** **APPLICATION FOR REGISTRATION AS A PHARMACEUTICAL STUDENT**

- The form should be completed in block letters.
- Two (2) recent, identical passport-size photographs, both certified by a Justice of the Peace, are to be attached. Photographs should be stamped, not crimped.
- Name of applicant                      Name as recorded on applicant's birth certificate. If different, official proof of name change should be submitted, e.g. Deed poll, marriage certificate.
- Address of applicant                      Applicant's permanent address. Should include a mailing address where applicable. Halls of residence and other temporary addresses should not be used. Overseas applicants should use their permanent mailing address.
- Telephone number                      A current number where immediate contact may be made.
- Email address                              A valid address which is frequently accessed.
- Date of application                      The date on which the application form is completed, i.e., month, day, year.
- The age of applicant                      State in years as at last birthday. A copy of the applicant's birth certificate, certified by a Justice of the Peace is to be attached.
- Qualification of applicant              The number/type of subjects attained, e.g. 10 CSEC, 3 CAPE Unit 1, 3 CAPE Unit 2. The subjects may also be listed. A copy of each educational certificate, certified by a Justice of the Peace is to be attached. Preliminary slips will not be accepted.
- Three (3) Testimonials                These may be from prominent individuals who can attest to the applicant's character. The testimonial must be signed by the individual who wrote it and should not be from the same establishment. Testimonials are to be addressed to:  

***The Registrar  
The Pharmacy Council  
91 Dumbarton Avenue  
Kingston 10***
- Name of Parent/Guardian              Include if the applicant is under 21 years of age. If not applicable, write 'N/A'.
- Address of Parent/Guardian              Where applicable, this should be a permanent mailing address.
- Signature of Applicant                The form is to be signed by the applicant and not by the Parent/Guardian.
- Date of admission                      The month, day, year in which the applicant was admitted to the University.
- Recommendation                      A statement from the University recommending the applicant for registration as a pharmaceutical student.
- Dean or Head of School/Department      An authorized representative should sign on the line above.
- The registration fee of \$2500.00 or proof of payment thereof is to be submitted.