

MINISTRY OF HEALTH
BARBADOS

Pharmacy Act, Cap. 372D

**APPLICATION FOR REGISTRATION OF
PHARMACIST**

To: **THE SECRETARY**
Pharmacy Council

I the undersigned.....
(Full name in block letters)

of
(Address)

and a citizen of
(Country)

hereby apply to be registered as a pharmacist in Barbados. I certify that I can read, write, speak and understand the English Language and that the particulars of my qualifications are as follows:

| Qualification | University, College, School of Pharmacy | Date obtained |
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Date

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Signature of Applicant