PHARMACY COUNCIL

P.O. Box CP 6134
Conway Post Office
Castries LC 04 301

Tel: (758) 468-5311
Mobile (758) 461-2668
Email: pharmacycouncilslu@gmail.com
Website: www.pharmacycouncilslu.org

INSTRUCTIONS: *Applicant: Fill out the following blanks. Type or print in ink. Return to the PHARMACY COUNCIL at the address listed above.*

FOR OFFICE USE ONLY	
Receipt number	
Fee	Date
Registration number	
Date issued	

One Photograph Required.

Recent head and shoulder photograph must be attached to the application. Photograph must be of passport quality.

APPLICATION FOR REGISTRATION AS A PHARMACIST

APPLICANT INFORMATION				
Name of applicant *(first, middle, last)*			Maiden name *(if applicable)*	
Address			Email address	
City/Town			Social Security number	
Date of birth *(day, mo., yr.)*	Place of birth	Country	Telephone number	
Name and address of school or college of Pharmacy		No. of years attended	Qualifications obtained	Date graduated

I _____, above named, hereby swear or affirm under the penalties of perjury that the statements made by me in this application for license as a Pharmacist by examination are true and correct. I further pledge myself to practice the profession of pharmacy with dignity, integrity and honour and to comply at all times with the rules and regulations governing the profession, should I be granted the privilege of registration as a Pharmacist in the country of St. Lucia.

Signature of applicant	Date signed *(day, mo., yr.)*

If your answer is "Yes" to any of the following, explain fully in a sworn affidavit, including all related detail. Describe the event including the location, date and disposition. If you have had a malpractice judgment, provide the name of the plaintiff. Falsification of any of the following is grounds for permanent revocation of a license or permit issued pursuant to the application.		
1. Has disciplinary action ever been taken regarding any health license, certificate or permit you hold or have held in any country?	☐ Yes	☐ No
2. Have you ever been denied a license, certificate, registration or permit to practice as a Pharmacist or any regulated health occupation in any country?	☐ Yes	☐ No
3. Are there any charges pending against you regarding a violation of any State law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs?	☐ Yes	☐ No
4. Have you ever been convicted or pled guilty or nolo contendre to: A. A violation or any State law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs?	☐ Yes	☐ No
B. To any offense, misdemeanour or felony in any country? *(Except for minor violations of traffic laws resulting in fines)*	☐ Yes	☐ No
5. Have you ever been denied staff membership privileges in any pharmacy or have any privileges been revoked, suspended or subjected to any restrictions, probation or other type of discipline or limitations?	☐ Yes	☐ No
6. Have you ever had a malpractice judgement against you or settled any malpractice action?	☐ Yes	☐ No

AUTHORISATION FOR RELEASE OF INFORMATION

I hereby authorise, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Pharmacy Council any files, documents, records or other information pertaining to the undersigned requested by the Council or any of its authorised representatives in connection with processing application for licensure as a Pharmacist.

I hereby release the aforementioned person, firms, officers, corporations, association, organizations, and institutions from any liability with regard to such inspection or furnishing of any information.

I further authorise the Pharmacy Council to disclose the aforementioned persons, firms, officer, corporations, associations, organizations, from any and all liability in connection with such disclosures.

A photo static copy of this authorisation has the same force and effect as the original.

I hereby swear or affirm that I have read the above statements and agree to same.

Signature of applicant	Date (day, mo. yr.)