

Guidelines for applying for Re-registration as a Pharmacist

1. Must supply proof of character (Referee letter);
2. Must show proof of continuing education of at least fifteen (15) credits (six (6) from the Pharmaceutical Association of St. Lucia Inc. and nine (9) from a source approved by the Pharmacy Council as per Continuing Education Policy;
3. Passport photos:
 1. **Affix one** (1) passport size photo (**as specified below**) to the application form in the space provided.
 2. **Email one** (1) digital (**jpeg format and saved in your name**) passport size photo (**as specified below**) to the Council.

We recommend you use a professional photo service to ensure your photos meet all the requirements.

Your photos must be:

1. In colour.
2. Sized such that the head is between 1 inch and 1 3/8 inches (22 mm and 35 mm)
3. Or 50% and 69% of the image's total height from the bottom of the chin to the top of the head.
4. Taken within the last year to reflect your current appearance.
5. Taken in front of a plain white or off-white background.
6. Taken in full-face view directly facing the camera.
7. With a neutral facial expression and both eyes open.

Do not wear a hat or head covering that obscures the hair or hairline. Your full face must be visible.

Headphones, wireless hands-free devices, or similar items are not acceptable in your photo.

If you normally wear glasses (without tinted lenses), a hearing device, or similar articles, they may be worn in your photo.

Dark glasses or glasses with tinted lenses are not acceptable.

Glare on glasses is not acceptable in your photo. Glare can be avoided with a slight downward tilt of the glasses or by removing the glasses or by turning off the camera flash.

4. A copy of one official form of identification for e.g. identification card or driver's licence.

5. You may pay your fees (non-refundable) of **\$ E.C. 225.00 (\$US 85.00)** to **Pharmacy Council** using any one of the methods below:
 1. Draft drawn on a St. Lucian bank
 2. Personal cheque from a St. Lucian Bank
 3. Wire Transfer (See USD transfer information below).

6. Make sure that you print the checklist for re-registration as a pharmacist and attach it when completed to your application as **the cover page**.

USD Transfer information

Beneficiary Bank Information

SWIFT Code/ABA/Routing: LUOBLCLC

Banks Name: 1st National Bank St. Lucia Limited

Address: 21 Bridge Street

City: Castries

Country: St. Lucia

Account Number: **94751006758**

Beneficiary Customer Information

Account #:

Name:

Address:

City:

Country:

Intermediary Bank Information

SWIFT Code: IRVTUS3N

ROUTING: 021000018

Banks Name: Bank of New York
Address: 1 Wall Street
City: New York
Country: USA 10038