NOVA SOUTHEASTERN UNIVERSITY
JAMAICA MEDICAL MISSION HEALTH PROFESSIONAL CHECKLIST

NAME: ____________________________________________________       DISCIPLINE: Pharmacy

Payment: Check# _____ Amount$ _____ Check# _____ Amount$ _____ Total ______

PHARMACISTS are REQUIRED to obtain the following:

☐ 2 passport sized pictures (if you do not get them at a pharmacy, then you must print them in color & cut them to 2 inch x 2 inch or they will not be accepted - professional pictures please)

☐ 1 copy of current practice license

☐ 1 copy of birth certificate (notarized)

☐ 3 letters of Reference (2 - Professional and 1- character reference)

☐ FIRST TIME APPLICANT: YES ______   NO _____ (If YES, complete 1st time application information below)

☐ NOTARIZED copy of terminal degree (1st time applicants only)

☐ 1 copy of birth certificate (notarized)(1st time applicants only)

PHARMACISTS are REQUIRED to complete and submit the following items:

☐ Work Permit Exemption Application Form
  Complete sections #1-8, 10-14, & sign box #29

☐ Professional Registration for Short Term Volunteer
  Tape 1 passport size picture (place in the blank space just below "applicants address")

☐ Form B -Application for Registration as a Medical Practitioner
  Tape 1 passport size picture on page 1 (place in blank space at the top of the form)
# WORK PERMIT/EXEMPTION APPLICATION FORM

**Foreign Nationals and Commonwealth Citizens Employment Act 1964**

Please indicate the type of application: □ Work Permit □ Exemption

## PART I
TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

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</thead>
<tbody>
<tr>
<td>1. First Name</td>
<td>Last Name</td>
<td>Middle Initial</td>
<td>Alias</td>
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<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>YYYY/MM/DD</td>
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<td></td>
<td></td>
<td>Single</td>
<td>Divorced</td>
<td>Widowed</td>
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<td>Married</td>
<td>Separated</td>
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<td>9. TRN</td>
<td>10. Occupation</td>
<td>11. Period for which Permit/Exemption is required YYYY/MM/DD</td>
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<td>From</td>
<td>To</td>
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<td>12. Passport Number</td>
<td>13. Passport Expiry Date YYYY/MM/DD</td>
<td>14. Type of Passport (Country Issued)</td>
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<td>YYYY/MM/DD</td>
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<tr>
<td>15. Qualification – Academic or Professional (Attach Documentary Evidence)</td>
<td>Details on previous (Last) Employer in Jamaica</td>
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<td>20. Name of Employer</td>
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<td>21. Address of Employer</td>
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<td>16. Work Experience</td>
<td>22. Telephone Number</td>
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<td></td>
<td>23. Applicant’s Work Permit Number</td>
<td>24. Expiry Date YYYY/MM/DD</td>
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<tr>
<td>17. Skills of Applicant</td>
<td>Details of Husband’s/Wife’s previous Employment in Jamaica</td>
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<td>25. Name of Employer</td>
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<tr>
<td>18. Husband/Wife’s Name</td>
<td>26. Address of Employer</td>
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<td>27. Work Permit Number</td>
<td>28. Expiry Date YYYY/MM/DD</td>
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<td>19. Husband/Wife’s Nationality</td>
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<td>29. I certify to the best of my knowledge and belief, that the above information is correct</td>
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<td>YYYY/MM/DD</td>
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<td></td>
<td>Date</td>
<td>Applicant’s Signature</td>
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PROFESSIONAL REGISTRATION FOR SHORT TERM VOLUNTEERS

All doctors, Dentists, Pharmacists, Nurses, Dietitians, Radiographers, Optometrists, Medical Technologists, Speech, Occupational and Physical Therapists must be registered with their respective Councils before practicing their professions in Jamaica, even if for a day. (Also needing registration are Dental Hygienists and Technicians).

<table>
<thead>
<tr>
<th>Council of Professions</th>
<th>Pharmacy Council</th>
<th>Jamaica Optometric Association</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplement to Medicine</td>
<td>91 Dumbarton Avenue</td>
<td>York Plaza</td>
</tr>
<tr>
<td>50 Half Way Tree Road</td>
<td>Kingston 10</td>
<td>1 ½ Hagley Park Road, Kingston 10</td>
</tr>
<tr>
<td>Kingston 5</td>
<td>Tel: 926-2637</td>
<td>Tel: 929-8656</td>
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</tbody>
</table>

No council will give this “special” registration unless they are confident that the period of volunteer service is recommended by both the Local Health Authority and the respective head of the department at the Ministry of Health. The whole process will be facilitated if the form is completely filled out and signed (by applicant, team sponsor, local and head office authorities) and sent with credentials and application forms to the respective Council as above.

A registration or processing fee is charged.
The Local Health Authority is the Medical Officer (Health).

SHORT TERM VOLUNTEER

REGISTRAR

I ______________ apply for a special registration

As a _______________ in order to volunteer my service

Profession

For the period __________ at

Dates (Specific) Facility/Location

In the (civil) Parish of ______________________________

My Local Contact Person is:

Name: ___________________________
Address: __________________________
Telephone: ________________________

Sponsor’s Signature

I recommend the above

Signature  Position (Local Health Authority)  Date

Signature  Position (National Health Authority)  Date
FORM B
THE PHARMACY ACT, 1966
(ACT 5 OF 1966)
APPLICATION FOR REGISTRATION AS A PHARMACIST

To The Pharmacy Council
91 Dumbarton Ave
Kingston 10

Name of Applicant……………………………………………………………………………………………………
(In Block Letters)

Age of applicant………………………………………………………………………………………………………
(Photostat of certified copies of Birth Certificate should be attached)

Date of Application…………………………..……. Telephone No. ……………………………

Address………………………………………………………………………………………………………………

Email………………………………………………………………………………………………………………

Qualification of applicant………………………………………………………………………………………………
…………………………………………………………………………………………………………………………
…………………………………………………………………………………………………………………………
(Photostat of certified copies of Qualifications should be attached)

Three testimonials to be attached (Two from registered pharmacists and one other)
Registration fee of $ 50.00 (USD) or its Jamaican equivalent
Two (2) Passport size photographs (certified to be true copies by a Justice of the Peace)

………………………………………………………………………………………………………………………………
Signature of applicant

To be completed by the Registrar

Date registered/refused………………………………………………………………………………………………

Registration no…………………………………………………………………………………………………………

Date and No. of Gazette Notice in which registration published……………………………………

Reason for refusal, if refused…………………………………………………………………………………………
………………………………………………………………………………………………………………………………

Signature of Registrar