

RECEIPT NUMBER

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Pharmacy Council of Jamaica  
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APPLICATION BY PERSONS TRAINED OUTSIDE OF JAMAICA FOR PROCESSING FOR  
REGISTRATION/ENROLLMENT

- 1. Full Name:.....  
(SURNAME) (FIRST NAME) (OTHER)
- 2. Marital Status: SINGLE  MARRIED  DIVORCED   
WIDOWED  SEPARATED   
(If married, maiden name: \_\_\_\_\_)
- 3. Gender: MALE  FEMALE
- 4. Date of Birth: ..... 5. Country of Birth: .....
- 5. Nationality: .....
- 6. Permanent Address: .....
- 7. Mailing Address: .....
- 8. Previous Address:.....
- 9. E-mail: .....
- 10. Training (exact dates): - .....

| Start date | End date | School of Training |
|------------|----------|--------------------|
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I hereby certify that the information presented is complete and accurate.

Signature of applicant: -----

Date: .....

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|----------------------------|----------------------|
| <b>FOR OFFICE USE ONLY</b> |                      |
| REF NO: _____              | DATE RECEIVED: _____ |
| EXAM NO: _____             |                      |