

**PHARMACY COUNCIL Application Checklist**Applicant's Name:

D.O.B.:

Exp. Date:

Profession: Time:Registration Type: *PL, IL, ProVL*

Date:	Attending Officer:	Comments
1. <input type="checkbox"/> Application: CI\$ 500 <input type="checkbox"/> Registration & Practising CI\$ _____ <input type="checkbox"/> Total Months _____		
2. Application Form – Form B	<input type="checkbox"/>	
3. RMAF	<input type="checkbox"/>	
4. CPE Summary Form	<input type="checkbox"/> # _____	
5. CPR Certificate (Mandatory) (CPR must be completed at least 6 months prior submission)	<input type="checkbox"/>	
6. CPE Certificates 40 hrs (Mandatory) (Must be done within 24 months prior submission 20 internet CPE hours MAXIMUM)	<input type="checkbox"/>	
7. Medical Malpractice Insurance	<input type="checkbox"/>	