

PHARMACIST INITIAL REGISTRATION CHECKLIST

The following list identifies what supplemental documentation is required for initial registration.

Additional information pertaining to registration policies and procedures can be found in the applicable *Registration Guidelines* document published by the relevant Statutory Board or Council. Please refer to the Health Council's Health Professional Registration page for links to the Statutory Bodies *Registration Guidelines* documents.

Supplemental documentation **must** be uploaded and attached to your online application, unless otherwise specified below.

Documentation	Notes
Initial Application Form	Health Professional Initial Registration Application (cognitoforms.com)
Proof of Eligibility to Work in Bermuda	Letter of Employment (for potential guest workers), Bermuda passport copy with stamp, spousal letter, permanent residency card, valid work permit, etc.
Registration Fee Payment	An invoice will be sent by e-mail once completed application is submitted. Payment must be made before your application can be reviewed.
Proof of Government Issued Identification	Notarized copy of passport or birth certificate.
Proof of true likeness	Provide a digital head shot photo. You can take yourself, as long as image of likeness is clear.
Resume/C.V.	Must reflect most up-to-date information
Two Professional Reference Letters	All references must be current (dated within the last 12 months) and on an official letterhead.
Two Character Reference Letters	All references must be current (dated within the last 12 months) and on an official letterhead.
Certificate of Professional Education (COPE)	COPE form must be completed and sent directly to hpadmin@gov.bm from the institution where professional educational qualifications were obtained. Download COPE form here.
Certificate of Professional Standing (COPS)	Evidence pertaining to your professional standing in any jurisdiction in which you are licensed or registered is required. Evidence may be attached to your application or emailed to hpadmin@gov.bm from the relevant regulatory authority.
Professional License	Proof of applicant's license certified by an overseas body. Copy must be notarized . Refer to applicable Registration Guidelines document for specific requirements.
Name change verification documentation	Only required if name changed and differs on application and supporting documentation. Copy must be notarized .

Internship

All Initial applicants must complete a 4 week supervised internship at their place of employment once the Initial Application is approved. Completion of the supervised internship must be sent in writing to hpadmin@gov.bm. The letter should include your name, the company name, internship (pre-registration) start date, completion date and printed name and signature of supervising pharmacist.

Pharmacy Exam

All applicants who wish to register in Bermuda must sit a Pharmacy Exam. The exam booking details and scheduling details will be provided by the Bermuda Health Council upon pre- registration approval of Initial Applications.
