



Pharmacy Board Exam

Belize

Application Form: A¹

(FOR PERSONS OBTAINING THEIR PHARMACY EDUCATION OUTSIDE OF BELIZE)

In accordance with Chapter 311 of the Laws of Belize, persons desirous to practice pharmacy must be examined by the Board of Examiners to determine fitness to practice.

In order to apply for the examination administered by the Ministry of Health Belize, please provide the following information along with copies of the below requested document.

Submit completed application and supporting documents to: dhs@health.gov.bz, sgongora@health.gov.bz and mailing address: Ministry of Health & Wellness, Third Floor, East Block Building, Belmopan City

I. Personal Information

Name: _____

Email: _____

Phone #: _____

Physical Mailing Address _____

II. Academic Qualifications

a) State the name of the institution from which you obtained education in pharmacy and the year you graduated _____

b) Indicate the level of certification you obtained in Pharmacy

a. Associate Degree

b. Bachelor Degree

c. Doctor of Pharmacy

d. Master's Degree

e. Any other Degree

(Specify) _____

c) Do you hold a licence to practice pharmacy in a country other than Belize?

a. Yes

b. No

d) If you answered Yes to item c) above, please provide the name and address of the licensing board or agency in the country for which you hold the licence to practice pharmacy.

¹ For persons who have obtained their pharmacy education outside of the country of Belize

Proof of Qualifications

Submit certified copies of the documents indicated below. If original documents are in a language other than English, please provide certified translation along with the copies of the original documents:

- a) Copy of degree or diploma obtained
- b) Copy of final transcript indicating all pharmacy related courses completed
- c) Copy of licence to practice pharmacy (if applicable)

III. Indicate the period in which you plan to sit the Pharmacy Board Exam

- a) First Sitting (February 20__)
- b) Second Sitting (August 20 __)

IV. Re-sit Candidates

For candidates who have previously taken the Pharmacy Board Exam, indicate which paper you are applying to re-sit

- a) PAPER I:
Combined paper (Pharmacology, Therapeutics/ Pharmacy Calculations and Law)
- b) PAPER II:
Small scale compounding and dispensing
- c) PAPER III
Oral examination (Prescription assessment and evaluation)

V. Information Verification

I, _____, verify that all the information provided by me on this application is to the best of my knowledge accurate and truthful.

Candidate's Signature: _____

Date _____

FOR OFFICE USE ONLY

Date received _____

All documents submitted

Yes No

Documents verified

Yes No

Cleared for exam

Yes No

Response and Exam manual sent

Yes No

Notes:
