



Pharmacy Board Exam Belize

Application Form: B¹

(FOR PERSONS OBTAINING THEIR PHARMACY EDUCATION IN BELIZE)

In accordance with Chapter 311 of the Laws of Belize, persons wanting 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

Name of Institution _____ Anticipated date of graduation _____

Certification Obtained: _____

III. Proof of Qualifications

1 month prior to sitting the exam submit the following documents:

a) Copy of diploma obtained

b) Copy of final transcript indicating all pharmacy related courses completed

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

a) First Sitting (February 20__)

b) Second Sitting (August 20__)

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

V. Re-sit Candidates Only

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)

VI. 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 _____	Receiving Officer: _____	
All documents submitted	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Documents verified	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cleared for exam	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Response and Exam manual sent	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Notes:
