



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	Relevant Profession(s)	Notes
Initial Application Form	All	Health Professional Initial Registration Application (cognitofrms.com)
Proof of Eligibility to Work in Bermuda	All	Job offer letter (for potential guest workers), Bermuda passport copy with stamp, spousal letter, permanent residency card, valid work permit, etc.
Registration Fee Payment	All	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 identification	All	Notarized copy of passport or birth certificate.
Proof of true likeness	All	Provide a digital head shot photo. You can take yourself, as long as image of likeness is clear.
Resume/C.V.	All	Must reflect most up-to-date information
Two Letters of Professional Reference	All	All references must be current (dated within the last 12 months) and on an official letterhead.
Certificate of Professional Education (COPE)	All	COPE form must be completed and sent directly from the institution where professional educational qualifications were obtained. Download COPE Form . Please advise if getting the institution to fill out the COPE form is not attainable in e-mail to hpadmin@gov.bm , as we can accept notarized copies of degrees instead
Certificate of Professional Standing (COPS)	Pharmacists licensed or registered outside of Bermuda.	Certificate of Professional Standing must be sent directly from regulatory authority within the jurisdiction you have recently practiced in.



Professional License	All	Proof of applicants license certified by an overseas body. Copy must be notarized . Refer to applicable Registration Guidelines document for specific requirements.
Name change verification documentation	All	Only required if name changed and differs on application and supporting documentation. Copy must be notarized .
Internship	All	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	All applicants who wish to register in Bermuda must sit a Pharmacy Exam. The exam booking details and scheduleing details will be provided by the Bermuda Health Council upon approval of Initial Application.