Boards Management Office

REGISTRATION NO. (for office use only)

B	D	P	B					

Ministry of Health
Brunei Darussalam

FORM

Application for Pharmacist Registration

How to complete this application form	***Privacy and Confidentiality***
○ Read and **complete all questions** ○ Ensure that **all pages** and required **attachments** are returned to Boards Management Office (BMO) ○ Use a **blue** pen only ○ Print clearly in **BLOCK LETTERS** ○ Place X in **all** applicable boxes: ☒	○ The Brunei Darussalam Pharmacy Board and BMO are committed to protecting personal information as private and confidential.

SECTION A: Personal details

Title:
MR ☐ MRS ☐ MISS ☐ MS ☐ DR ☐ Other:

Full name (as appear in Identity Card):

NAME to appear on certificate:

Date and Country of Birth: - - Age: year Sex: Male ☐ Female ☐

Nationality: Passport No: Country of Issue:

Brunei I/C No: Colour: Yellow ☐ Purple ☐ Green ☐

Marital Status: Single ☐ Married ☐ Divorced ☐ Widowed ☐ Race: Religion:

SECTION B: Contact information

What are your contact details?

Provide your current contact details below and place an ☒ next to your preferred contact phone number

Office/Business hours ☐ Mobile ☐

After hours ☐ Mobile ☐

Official Email: Personal Email:

What is your residential address?
Residential address **cannot** be a PO Box.

Post Code

What is your principal place of practice?
The address at which you predominantly practice the profession and it **cannot** be a PO Box.

Post Code

Telephone

Facsimile

Type of practice: Government ☐ Private ☐

Date of Commencement: ☐☐-☐☐-☐☐☐☐

Department (if Government):

What is your mailing address?
Your mailing address is used for postal correspondence

☐ ☞ My residential address ☐ ☞ My principal place of practice

☐ Other (***provide your mailing address below***)

Post Code

SECTION C: Qualification for the profession

What are the details of your qualifications and examinations/ assessments?

Basic qualification and examination/assessments (First Degree)

Title of qualification

Name of institution (University/College/Examining body)

Country

Commencement date: ☐☐-☐☐-☐☐☐☐ Completion date: ☐☐-☐☐-☐☐☐☐

Additional Post-Grad qualification and examination/assessments (if any)

Title of qualification

Name of institution (University/College/Examining body)

Country

Commencement date: ☐☐-☐☐-☐☐☐☐ Completion date: ☐☐-☐☐-☐☐☐☐

Additional Specialty qualification (if any)

Title of qualification

Name of institution (University/College/Examining body)

Country

Commencement date: ☐☐-☐☐-☐☐☐☐ Completion date: ☐☐-☐☐-☐☐☐☐

SECTION D: Registration history

What is your health practitioner registration history?

If you have been registered outside of Brunei Darussalam, the Board requires a Certificate of Registration Status or Certificate/Letter of Good Standing from each licensing authority outside of Brunei Darussalam in which you are currently, or have previously been registered as a health practitioner **during the past ten years**

Most recent registration

Name of Board/Council

Country

Profession

Period of registration ☐☐-☐☐-☐☐☐☐ to ☐☐-☐☐-☐☐☐☐

Additional registration

Name of Board/Council

Country

Profession

Period of registration ☐☐-☐☐-☐☐☐☐ to ☐☐-☐☐-☐☐☐☐

SECTION E: Work history

Are you currently in practice?

NO ☐ reason:

☞ ***Go to Section F: Suitability statement***

YES ☐ ***Provide details below***

ORGANISATIONAL TYPE : Government/Public Sector ☐ Private Sector ☐

WORK TYPE:

If working in the **Public Sector**, please indicate type of work below:	If working in the **Private Sector**, please indicate type of work below:
☐ Teaching/Research	☐ Research
☐ Procurement	☐ Hospital
☐ Administration	☐ Wholesale Retail
☐ Hospital	☐ Regulatory Affairs
☐ Primary Health Care Regulatory Affairs	☐ Wholesale & Retail Manufacturing
☐ Non-pharmaceutical (please specify):	☐ Marketing
☐ Other pharmaceutical field (please specify):	☐ Locum Medical/Dental Clinic
	☐ Non-pharmaceutical (please specify):
	☐ Other pharmaceutical field (please specify):

What is your full practice history?
You **must** attach to your application a **signed and dated** curriculum vitae that describes your full practice history and any clinical or skills training undertaken.

Work Experience / Employment History

Duration	Employer/Hospital	Position/Duties	Department
From ☐☐-☐☐-☐☐☐☐ To ☐☐-☐☐-☐☐☐☐			
From ☐☐-☐☐-☐☐☐☐ To ☐☐-☐☐-☐☐☐☐			
From ☐☐-☐☐-☐☐☐☐ To ☐☐-☐☐-☐☐☐☐			
From ☐☐-☐☐-☐☐☐☐ To ☐☐-☐☐-☐☐☐☐			
From ☐☐-☐☐-☐☐☐☐ To ☐☐-☐☐-☐☐☐☐			

SECTION F: Suitability Statements

Do you currently hold Membership of Professional Society/ Association?

NO ☐ ☞ ***Go to the next question***

YES ☐ ☝ ***Provide details below***

Name of Society/Association and Country

PROFESSIONAL CONDUCT	
1. Have you ever been the subject of an inquiry or an investigation by a licensing authority involving an allegation of professional misconduct, incompetence, incapacitation or any like allegation?	YES ☐ NO ☐
2. Are you currently the subject of an inquiry or an investigation by a licensing authority involving an allegation of professional misconduct, incompetence, incapacitation or any like allegation?	YES ☐ NO ☐
3. Have you ever appear in the records of a licensing authority as having been subjected to reduced or cancelled privileges by a hospital/clinic due to incompetence, negligence, incapacitation or any form of professional misconduct?	YES ☐ NO ☐

*If **YES** has been answered to any of the questions above, you **must** attach all relevant information and documentation.

SECTION G: English language proficiency

English was the language of instruction in my previous studies/employment.			YES ☐ NO ☐ please state:
Spoken	Excellent ☐	Good ☐	Fair ☐
Written	Excellent ☐	Good ☐	Fair ☐

SECTION H: Declaration and Signature

I hereby declare that the particulars given in the application and the attached documents are true to the best of my knowledge. As I am holding a qualification to which the provisions of Section 7 of the Pharmacists Registration Order 2001 apply. I hereby also authorize the Brunei Darussalam Pharmacy Board and BMO to release any information and/or relevant documentation for the purposes of the Pharmacists Registration Order 2001 or any relevant legislation herewith.

Signature of applicant:

Date:

		-			-				

SECTION I: Checklist

No.	Supporting documentation required (certified true copy)	Attached
1	Form filled in completely and signed by applicant	☐
2	Curriculum Vitae (current)	☐
3	Attached certificate:	☐
3.i	Pharmacy Degree Qualification Certificate*	☐
3.ii	Valid Pharmacy Registration Certificate from Pharmacist Registration Authority*	☐
3.iii	Valid Retention of Pharmacy Registration documents*	☐
4	Evidence of Pre-registration training and Result of Forensic Examination in Brunei Darussalam (if applicable)* [*if item 3.ii. & 3.iii. above are not available*]	☐
5	Copy of Brunei Darussalam Identification Card or Passport*	☐
6	Two (2) passport size colour photos (with name written at the back)	☐
7	Copy of Letter of Employment (if applicable)*	☐
Note:	**All original documents must be presented to and verified by the BDPB secretariat before the application is send to the Registrar.*	
Payment (Please bring exact amount for payment)		
i.	Registration Fee of B$200.00 (cash)^ (upon approval of registration)	☐

Please hand in this form with payment and required attachment to:	For further enquiry, you may contact:
Secretariat **BOARDS MANAGEMENT OFFICE** **2nd Floor, Ministry of Health** **Commonwealth Drive** **Brunei Darussalam** ☎ +673 2380170 Fax : +673 2382032	**BRUNEI DARUSSALAM PHARMACY BOARD** **Pharmaceutical Services** **Spg. 433, Rimba Highway, Kg. Madaras, Mukim Gadong 'A'** **Brunei Darussalam** ☎ +673 2393298 / 2393301 / 2393230 ext. 226/218 Fax: +673 2393297

SECTION J: *FOR OFFICE USE ONLY*

Complete: Yes ☐ No ☐ return to Applicant Date: ☐☐-☐☐-☐☐☐☐

Comments:

Verified by:

Signature: Date: ☐☐-☐☐-☐☐☐☐

Revalidate by (Name of Officer):

Comments:

Signature: Date: ☐☐-☐☐-☐☐☐☐

ENDORSED BY:
CHAIRPERSON OF BRUNEI DARUSSALAM PHARMACY BOARD

Signature: Date: ☐☐-☐☐-☐☐☐☐

Comments:

☐ Approved for registration ☐ Collect fees and Issue registration certificate after payment made ☐ Reject the application

☐ Others (please specify):

Payment for Registration Amount: Receipt No.: Date: ☐☐-☐☐-☐☐☐☐