



NATIONAL HEALTH FUND

6TH Floor, The Towers, 25 Dominica Drive, Kingston 5
Tel: (876) 906-1106 Fax: 906-1105 Toll-free 1-888-NHF-CARE
Website: www.nhf.org.jm



PHARMACEUTICAL DIVISION: Tel. (876) 923-6920/923-6926-8 Fax. 923 7159

PROVIDER APPLICATION FORM- Public Sector

Kindly complete the form and return original to the above address along with a **current certified copy** of the Pharmacy Council Certificate of Registration of the Registering Pharmacist.

Tick the appropriate box:

NHF Card

JADEP

PHARMACY INFORMATION

1). Name of Pharmacy: _____

2). Address of Pharmacy (Street and Number): _____

3). Telephone Number(s): Office: _____ Cell: _____ Fax: _____

4). Email Address: _____ 5). Name of Software Provider: _____

6). Name of Registering Pharmacist _____

7). Pharmacist Registration #: _____

AUTHORISED PERSONNEL INFORMATION

8). Name of Pharmacy Services Coordinator/Parish Pharmacist _____ Email: _____

Name of VP Drug Serv/Designate _____ Signature _____ Position _____ Date _____

(Please print name)