



NATIONAL HEALTH FUND

6TH Floor, The Towers, 25 Dominica Drive, Kingston 5
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Website: www.nhf.org.jm

PHARMACEUTICAL DIVISION: Tel.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 for 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 Director- Pharmacy Services/ Designate	Signature	Position	Date
_____	_____	_____	_____

Approval - Name of Senior Director Pharmacy Services Delivery/Designate	Signature	Position	Date
_____	_____	_____	_____

(Please print name)

Release Date: October 11, 2011

Rev Date: Nov 14, 2018

QMSR 140

Rev. # 10