



*EXTRAORDINARY*

**OFFICIAL GAZETTE**

**THE BAHAMAS**

PUBLISHED BY AUTHORITY

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NASSAU

1<sup>st</sup> February, 2010

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S.I. No. 7 of 2010

**PHARMACY ACT, 2009**

**(No. 8 of 2009)**

**PHARMACY (REGISTRATION AND LICENSING)  
REGULATIONS, 2010**

The Minister, in exercise of the powers conferred by section 48 of the Pharmacy Act, 2009 and after consultation with the Council makes the following Regulations ---

**PART I**

**PRELIMINARY**

**1. Citation.**

These Regulations may be cited as the Pharmacy (Registration and Licensing) Regulations, 2010.

**2. Interpretation.**

In these Regulations, "the Act" means the Pharmacy Act, 2009<sup>1</sup>.

**PART II**

**REQUIREMENTS FOR REGISTRATION OF A PHARMACY**

**3. Application for certificate of registration.**

- (1) An application for the grant of a certificate of registration under section 6 of the Act shall be made to the Council and shall contain all of the relevant information specified in Form 1 of the *First Schedule* together with the following —
  - (a) a certificate of sanitation issued by the Department of Environmental Health Services; and
  - (b) the prescribed application fee set out in the *Second Schedule*.

- (2) A certificate of registration granted by the Council under section 6 of the Act shall be issued as in Form 2 of the *First Schedule* and shall be valid for one year from the date of the grant of such certificate.
- (3) A record of every certificate of registration granted under section 6 shall be entered by the Council in a register to be kept for that purpose.
- (4) The owner of a pharmacy registered under the Act shall notify the Council —
  - (a) at least seven consecutive days prior to the date, of the intention to change the hours of operation of the pharmacy;
  - (b) at least thirty consecutive days prior to the date, of the intention to change the location of the pharmacy;
  - (c) at least fourteen consecutive days prior to the date, of the intended temporary or final closure of the pharmacy;
  - (d) at least ninety consecutive days prior to the date, of any intended change in the ownership of the pharmacy.

**4. Minimum equipment requirements for Prescription Departments.**

- (1) The owner of every premises registered under section 6 of the Act shall ensure that the pharmacy is at all times equipped with —
  - (a) copies of any legislation in force regulating the business of pharmacy, including but not limited to the Dangerous Drugs Act (*Ch. 228*);
  - (b) reference material appropriate to pharmacy practice including, but not limited to toxicology, dosage and pharmacology;
  - (c) a designated refrigerator or cooler equipped with a monitoring thermometer only for the storage of drugs requiring cold storage temperature;
  - (d) a sink supplying hot and cold running water specifically assigned for compounding;
  - (e) weighing and labelling equipment such as —
    - (i) a balance, Class A or equivalent;
    - (ii) an adequate supply of prescription labels;
    - (iii) an adequate supply of auxiliary labels;
    - (iv) an assortment of weights, both metric and apothecary;
  - (f) other equipment such as —
    - (i) graduates of assorted sizes;
    - (ii) at least two mortars and pestles, one being ceramic and one being glass;

- (iii) at least two spatulas;
  - (iv) at least two pill counting trays;
  - (v) ointment slab, tile or ointment paper pads;
  - (vi) stirring rods;
  - (vii) assorted sizes and child resistant dispensing containers;
  - (viii) a computer or electronic device capable of storing data and profiling; and
  - (g) such other equipment necessary for the specialized practice.
- (2) Where the Council is satisfied that there are good reasons for so doing, the Council may, upon written request by the pharmacist in charge of a facility, vary the requirements in paragraph (1).
- (3) The owner of every premises shall ensure that —
- (a) the premises are properly ventilated;
  - (b) the prescription department of the pharmacy has adequate floor space so as to enable every person employed therein to adequately, safely and accurately fulfill their duties;
  - (c) the interior of the pharmacy is illuminated suitably and adequately;
  - (d) proper temperature is maintained for the storage of drugs to ensure that the integrity of the drugs is kept in tact;
  - (e) the premises are adequately secured;
  - (f) all pharmacists, technicians and interns employed therein are familiar with the Act and any regulations made thereunder; and
  - (g) the entire area of the pharmacy is maintained in a clean and sanitary manner and in good repair and order.

### PART III

#### REQUIREMENTS FOR REGISTRATION AND LICENSING UNDER SECTION 9 & 12 OF THE ACT

- 5. Application for registration as a pharmacist, technician or other practitioner.**
- (1) An application for the grant of a certificate of registration under section 9(3) of the Act shall be made to the Council and shall contain all of the relevant information specified in Form 3 of the *First Schedule* along with the following —
- (a) two passport size photos;

- (b) a health certificate;
  - (c) a copy of the applicant's certificate of registration and of his expired licence, if applicable;
  - (d) the relevant pages of the applicant's passport;
  - (e) a current police record;
  - (f) a certified copy of the applicant's permanent residence certificate or valid work permit, if applicable;
  - (g) certified copies of any relevant certificates of qualifications;
  - (h) documentary evidence of the number of hours of practical experience in pharmacy under supervision;
  - (i) a certificate of good standing; and
  - (j) the prescribed fee set out in the Second Schedule.
- (2) A certificate of registration granted under section 9(3) of the Act shall be issued as in Form 2 of the First Schedule.

**6. Application for a licence.**

- (1) An application for the grant of a licence under section 12 of the Act shall be made to the Council and shall contain all the relevant information specified in Form 4 of the First Schedule together with the prescribed fee set out in the *Second Schedule*.
- (2) An application for the grant of a licence under paragraph (1), shall be submitted at least thirty days before the date upon which the licence is to take effect.

**7. Licence.**

- (1) A licence granted by the Council under section 12 of the Act shall be issued as in Form 5 of the *First Schedule* and shall be valid for one year from the date specified in the licence.
- (2) A record of every licence granted under section 12 of the Act shall be entered by the Council in a register to be kept for that purpose.

**8. Renewal or replacement of certificate or licence.**

- (1) An application to renew or replace a certificate of registration under section 6 of the Act or a licence under section 12 of the Act shall be made to the Council and shall contain all the relevant information specified in Forms 1 and 4 of the *First Schedule* respectively.
- (2) There shall be payable upon the renewal or replacement of any document issued under this regulation, the prescribed fees set out in the *Second Schedule*.

## PART IV

### REQUIREMENTS FOR REGISTRATION AND LICENSING UNDER SECTION 34 & 36 OF THE ACT

#### 9. Application for registration of a factory or warehouse.

- (1) An application for the grant of a certificate of registration under section 34 shall be made to the Council and shall contain the relevant information specified in Form 6 of the *First Schedule* together with —
  - (a) in respect of a factory —
    - (i) the active and inert ingredients of each pharmaceutical product to be manufactured;
    - (ii) the technical description of the processes used in production;
    - (iii) the details of all quality control procedures and mechanisms, including training, equipment and the monitoring process; and
    - (iv) any certification up to and including a Certificate of Good Manufacturing Practice; and
  - (b) in respect of a warehouse, any report requested which can account for all transactions made with respect to receipt, dispensing, delivery, distribution or other disposition of all drugs and devices;
  - (c) the prescribed fee set out in the *Second Schedule*; and
  - (d) such other documents as the Council may require.
- (2) A certificate of registration granted by the Council under section 34 shall be issued as in Form 2 of the *First Schedule* and shall be valid for one year from the date of the grant of such certificate.
- (3) A record of every certificate of registration granted under section 34 of the Act shall be entered by the Council in a register to be kept for that purpose.

#### 10. Requirements for factories.

The owner of every factory registered under section 34 of the Act shall ensure that —

- (a) there shall be appropriate quality control of any therapeutic substance used and of the finished product;
- (b) any manufacturing process shall at all times be under the supervision of a pharmacist, a pharmacologist or pharmaceutical chemist approved by the council; and

- (c) records are kept concerning receipt, dispensing, delivery, distribution or other disposition of all drugs and devices and in particular —
  - (i) the standards and procedures of the factory;
  - (ii) any incidents occurring therein;
  - (iii) the employment of all persons employed therein; and
  - (iv) generally, the day to day operations of the factory.

**11. Application for licence.**

- (1) An application for the grant of a licence under section 36 of the Act shall be made to the Council and shall contain all the relevant information specified in Form 7 of the *First Schedule* together with the prescribed fee set out in the *Second Schedule*.
- (2) An application for the grant of a licence under paragraph (1), shall be submitted at least thirty days before the date upon which the licence is to take effect.

**12. Licence.**

- (1) A licence granted by the Council under section 36 of the Act shall be issued as in Form 5 of the *First Schedule* and shall be valid for one year from the date specified in the licence.
- (2) A record of every licence granted under section 36 of the Act shall be entered by the Council in a register to be kept for that purpose.

**13. Renewal or replacement of certificate or licence.**

- (1) An application to renew a certificate of registration under section 34 (6) of the Act or a licence under section 36(4) of the Act shall be made to the Council and shall contain all the relevant information specified in Forms 6 and 7 of the *First Schedule* respectively.
- (2) There shall be payable upon the renewal or replacement of any document issued under this regulation the fees set out in the *Second Schedule*.

**14. Repeal.**

The Regulations in the first column of the *Third Schedule* are amended to the extent specified in the second column of that Schedule.

FIRST SCHEDULE

(regulation 3(1))

FORM 1  
APPLICATION FOR REGISTRATION OF A PHARMACY

Application # _____	Registration Fee \$ _____
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**Section 1 - Type of Application** *(Tick appropriate box)*

<input type="checkbox"/> New Registration	<input type="checkbox"/> Renewal Registration	<input type="checkbox"/> Ownership transfer of an existing registered pharmacy
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**Section 2 - Type of Pharmacy** *(Tick appropriate box)*

<input type="checkbox"/> Retail	<input type="checkbox"/> Institutional	<input type="checkbox"/> Emergency medical services	<input type="checkbox"/> Other (please specify)
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**Section 3 - Pharmacy Information**

Name of Pharmacy		
Pharmacy Address		City/Island/Country
Phone No. ( )	Fax No ( )	Email
Expected date of opening/ownership transfer		Date of inspection
Pharmacist or other practitioner in Charge		Licence#
Will/does this pharmacy engage in sterile product compounding? Yes _____ No _____		

**Section 4 - Pharmacy Ownership** *(Tick appropriate box)*

The Pharmacy identified in section 3 is owned by the following - select only one, then enter name. An entry must be made. DO NOT enter "Same as Above."

<input type="checkbox"/> Corporation	Name of Corporation
<input type="checkbox"/> LLC	Name of LLC:
<input type="checkbox"/> Individual	Individual's Name:
<input type="checkbox"/> Association	Association's Name:
<input type="checkbox"/> Government	Name:
<input type="checkbox"/> Other(Attach Explanation)	



**Section 5 - List of Owner's Address**

1. Enter the business address of the Corporation, LLC, individual, Partnership, Association, etc. entered in section 4 See note below		
Street Address:	City/Island/Country	
Business Telephone: ( )	Fax: ( )	Email address:
2. Enter the business address of the Corporation, LLC, individual, Partnership, Association, etc. entered in Section 4 See note below.		
Street Address:	City/Island/Country:	
Business Telephone: ( )	Fax: ( )	Email address:

**Section 6 - Ownership of Existing Registered Pharmacy**

Does the owner listed in Section 5 currently own any other pharmacy _____ Yes _____ No	
If "Yes" complete below	
Name of Pharmacy:	Registration#
Pharmacy Address:	
Name of Pharmacy:	Registration#
Pharmacy Address:	
Name of Pharmacy:	Registration#
Pharmacy Address:	
Name of Pharmacy:	Registration#
Pharmacy Address:	
Name of Pharmacy:	Registration#
Pharmacy Address:	
Name of Pharmacy:	Registration#
Pharmacy Address:	

I hereby certify that I understand the Laws and Regulations and hereby undertake that the Pharmacy will be operated in accordance with such laws and regulations. I understand that this registration is valid for a period of one year and must be renewed thereafter.

\_\_\_\_\_  
**Signature & Position**

\_\_\_\_\_  
**Date**

<p><b>For official use only</b></p> <p>Officer: _____</p> <p>Registration # _____</p> <p>Fee received _____</p>
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**THE BAHAMAS PHARMACY COUNCIL**

**Certificate of Registration**

I hereby certify that (*\*Name of Person/Pharmacy/Factory/Warehouse*) was on the  
day of \_\_\_\_\_, 20\_\_\_\_ entered in the Register of (*Name of Register*) kept  
and maintained by me in accordance with the provisions of section 37 of the  
Pharmacy Act

<b>Registrar</b> _____	<b>Date</b> _____
<b>No.</b> _____	<b>Expiration Date</b> _____

\* Delete as applicable

APPLICATION FOR REGISTRATION AS A PHARMACIST, PHARMACY  
TECHNICIAN OR OTHER PRACTITIONER UNDER SECTION 9 OF THE PHARMACY ACT

Registration Fee \$ _
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**Section 1 - Personal Information**

Current Legal Name (See notes at the end of this section)			
First Name	Middle Name	Last Name	Suffix (Jr, Sr, III, IV etc)
List ALL other Names By Which You Have Ever Been Known (Maiden, Married, etc.)			
National Insurance Number / County I. D. No		Place and Date of Birth	
Present Age	Gender	Type of Practice (Pharmacist, Technician or other practitioner)	

Note: The name entered on the first line of this section will be your original licence name

**Section 2 - Contact Information**

P. O. Box	Home Address	City/Island/Country
Home Address		Work Address
Home Telephone ( )	Work Telephone ( )	Other Telephone ( )

**Section 3 - Education**

Name of College/University/Institution attended for Pharmaceutical Studies	Type of Degree or Certificate Conferred
Address of Institution	Date Degree or Certificate Conferred
Additional sub-specialty qualifications	
Name of Institution:	Address:
	Date Completed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For official use only
Officer _____
Registration # _____
Fee received _____

## APPLICATION FOR A LICENCE TO PRACTISE PHARMACY

Licence Fee

\$ \_\_\_\_\_

<input type="checkbox"/>	New Application	<input type="checkbox"/>	Renewal Application
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**Section 1 - Personal Information**

First Name:	Middle Name:	Last Name:	Suffix (Jr., Sr. III, IV, Dr. Etc)
List All Other Names By Which You Have Ever Been Known (Maiden, Married, etc.)			
National Insurance Number or National I.D. #		Place and Date of Birth:	
Present Age:	Gender:	Type of Practice (Pharmacist, Technician, Intern, Provisional Pharmacist or Temporary Licence):	

**Section 2 - Contact Information**

P. O. Box:	Home Address (Name of Street, Area and House No.): Work Address:		
City/Island/Country:	Email Address:		
Home Telephone ( )	Work Telephone ( )	Other Telephone ( )	

**Section 3 - Education**

Name of College/University/Institution attended for Pharmaceutical Studies:	Type of Degree or Certificate Conferred:		
Address of Institution:	Date of Degree or Certificate Conferred:		
List higher qualifications and addresses: (Attach additional pages if necessary)			
Name of Institutions:	Address of Institution:	Professional Qualification:	Date Obtained:

**Section 4 - Other Licences/Registrations**

Have you EVER been licensed, registered, certified or otherwise approved to practice as a pharmacist or assist in the practice of pharmacy in any other jurisdiction?	
<input type="checkbox"/> YES	List each jurisdiction below. Attach additional pages, if necessary. Contact each jurisdiction and request that they provide the Bahamas Pharmacy Council with a letter stating the current status of your credentials with them. The letter must also state whether or not you have ever had disciplinary action taken against you.
<input type="checkbox"/> NO	Proceed to Section 5

Credential Issued By	Type of Credential	Credential#	Initial License Date	Expiration Date	Has there been disciplinary action against this license? ___ No ___ Yes
Credential Issued By	Type of Credential	Credential#	Initial License Date	Expiration Date	Has there been disciplinary action against this license? ___ No ___ Yes

**Section 5 - Impairment and/or Drug/Alcohol Addictions**

Have you <u>EVER</u> habitually used or been diagnosed as addicted to drugs or alcohol?	___ No ___ Yes
Have you <u>EVER</u> been diagnosed with or do you have any physical or mental impairment, which may affect your ability to practice safely as a pharmacist?	___ No ___ Yes

**Section 6 - Criminal Activity/Disciplinary Actions**

Note: Failure to disclose criminal history may result in the denial of your application, even if the records have been expunged.

Have you <u>EVER</u> been arrested in any jurisdiction?	___ No ___ Yes
Have you <u>EVER</u> had any disciplinary or adverse action taken against you by any other government or law enforcement agency or court in any jurisdiction?	___ No ___ Yes
Are you currently charged with the commission of an offence in any jurisdiction?	___ No ___ Yes
Have you <u>EVER</u> been convicted of an offence in any jurisdiction?	___ No ___ Yes

If you answered "Yes" to ANY of the questions in Section 6, you must attach a letter of explanation and a CERTIFIED COPY of the court judgment in the case for EACH incident. If charges were dismissed, provide a letter from the appropriate agency confirming dismissal of the charges.

ANSWER THE FOLLOWING QUESTIONS:	YES	NO
1. Have you ever been denied the privilege of taking a pharmacy licensing examination? If yes state which examination, where, and explain. _____ _____		
2. Have you ever had any disciplinary action taken against your pharmacist licence in any other jurisdiction? If yes, what jurisdiction and give date and explain. _____ _____		
3. Have you ever been convicted of, pled <i>nolo contendere</i> to, or have charges pending of a violation of international or local drug law? If yes, what jurisdiction and state where charged or convicted, Explain and attach copies of any official documents such as warrants and court orders showing the nature and disposition of such charges or convictions. _____ _____		

<p>4 Have you ever been physically or emotionally dependent upon the use of alcohol or drugs or treated by, consulted with or been under the care of a professional for any substance abuse within the last two years? If yes, please provide a letter from the treating professional</p> <p>_____</p> <p>_____</p>		
<p>5 Do you have a physical disease, mental disorder, or any condition which could affect your performance or professional duties? If yes, provide a letter from your treating professional to include diagnosis, treatment prognosis and fitness to practice.</p> <p>_____</p> <p>_____</p>		

The following documents should accompany this application -

- (a) a current police record,
- (b) a current health certificate
- (c) certified copies of any relevant certificates of qualifications,
- (d) a copy of current work permit or permanent residence certificate, if applicable,
- (e) a copy of applicant's previous certificates of registration and license, if applicable; and
- (f) proof of required hours of practise.

<p><b>For official use only</b>  Officer _____  Registration # _____  Fee received _____</p>
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FORM 5

(regulation 7(1) & 12(1))

LICENCE

**THE BAHAMAS PHARMACY COUNCIL**

**LICENCE**

This licence is granted under section 12/36 of the Pharmacy Act to \_\_\_\_\_ to practice  
*(\*Name of person/business)*

as a *\*pharmacist/pharmacy technician/pharmacy intern OR to carry on the business of manufacturing pharmaceutical products/ distributing wholesale products* in the Commonwealth of The Bahamas subject to the conditions specified herein up to the period ending \_\_\_\_\_, 20\_\_

Conditions \_\_\_\_\_

Signed \_\_\_\_\_  
Chairman, Bahamas Pharmacy Council

*(\*Delete as applicable)*

Licence No \_\_\_\_\_ Dated \_\_\_\_\_

APPLICATION FOR REGISTRATION OF A FACTORY OR WAREHOUSE  
UNDER SECTION 34 OF THE PHARMACY ACT

Application # _____	Registration Fee\$ _____
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**Section 1 - Type of Application** *(Tick appropriate box)*

<input type="checkbox"/> New Registration	<input type="checkbox"/> Renewal Registration	<input type="checkbox"/> Ownership transfer of an existing registered factory of warehouse
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**Section 2 - Type of Industry** *(Tick appropriate box and give details)*

<input type="checkbox"/> Wholesale	
<input type="checkbox"/> Manufacturer	

**Section 3 - Factory or Warehouse Information**

Name of Factory or Warehouse		
Street Address of Factory or Warehouse		City/Island/Country
Phone No. ( )	Fax No. ( )	Email
Expected date of opening/ownership transfer		Date of Inspection
Supervisor In Charge:		License#
Will/does this factory or warehouse engage in sterile product compounding?		Yes _____ No _____

**Section 4 - Factory or Warehouse Ownership** *(Tick appropriate box)*

The Pharmacy identified in Section 3 is owned by the following - select only one then enter name. An entry must be made. DO NOT enter 'Same as Above.'

<input type="checkbox"/> Corporation	Name of Corporation
<input type="checkbox"/> LLC	Name of LLC
<input type="checkbox"/> Individual	Individual's Name
<input type="checkbox"/> Association	Association Name
<input type="checkbox"/> Government	Name:
<input type="checkbox"/> Other (Attach explanation)	Name



**Section 5 - List of Owner's Address**

1. Enter the business address of the Corporation, LLC, individual, Partnership, Association, etc. entered in Section 4. See note below		
Street Address	City/Island/Country	
Business Telephone: ( )	Fax: ( )	E-mail address
2. Enter the business address of the Corporation, LLC, individual, Partnership, Association, etc. entered in Section 4. See note below		
Street Address:	City/Island/Country	
Business Telephone: ( )	Fax: ( )	E-mail address:

**Section 6 - Ownership of Existing Registered Factory or Warehouse**

Does the owner listed in Section 5 currently own any other factory or warehouse? _____ Yes _____ No	
If "Yes" complete below	
Name of factory or warehouse:	Registration#
Address	

I hereby certify that I understand the Laws and Regulations and hereby undertake that the Pharmacy will be operated in accordance with such laws and regulations.

I understand that this registration is valid for a period of one year and must be renewed thereafter

\_\_\_\_\_  
Signature & Position

\_\_\_\_\_  
Date

APPLICATION FOR A LICENCE UNDER SECTION 36 OF THE PHARMACY ACT

Licence Fee \$ _____
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<input type="checkbox"/> New Application	<input type="checkbox"/> Renewal Application
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**Section 1 - Particulars of Applicant**

First Name:	Middle Name:	Last Name:	Suffix (Jr., Sr. III, IV, Dr. Ftc)
List All Other Names By Which You Have Ever Been Known (Maiden, Married, etc.).			
National Insurance Number:		Place and date of Birth (City & State/Country)	

**Section 2 - Contact Information for Applicant**

P.O. Box:	Home Address (Name of Street, Area and House No.):		
City/Island/Country:	Work Address:		
Home Telephone ( ):	Work Telephone ( ):	Other Telephone ( ):	Email Address:

**Section 3 - Education of Manufacturing/Distribution Supervisor**

Name of College/University/Institution Attended for Pharmaceutical Studies:	Type of Degree or Certificate Conferred:		
Address of Institution:	Date of Degree or Certificate Conferred:		
List higher qualifications and addresses (Attach additional pages if necessary)			
Name of Institution:	Address of Institution:	Professional Qualification:	Date Obtained:

**Section 4 - Other Licences/Registrations**

Have you EVER been licensed, registered, certified or otherwise approved to practice as a pharmacist or assist in the practice of pharmacy in any other jurisdiction?	
<input type="checkbox"/> YES	List each jurisdiction below. Attach additional pages, if necessary. Contact each jurisdiction and request that they provide the Bahamas Pharmacy Council with a letter stating the current status of your credentials with them. The letter must also state whether or not you have ever had disciplinary action taken against you
<input type="checkbox"/> NO	Proceed to Section 5

Credential Issued By:	Type of Credential:	Credential#:	Initial License Date:	Expiration Date:	Has there been disciplinary action against this license? <input type="checkbox"/> No <input type="checkbox"/> Yes
Credential Issued By:	Type of Credential:	Credential#:	Initial License Date:	Expiration Date:	Has there been disciplinary action against this license? <input type="checkbox"/> No <input type="checkbox"/> Yes

**Section 5 - Impairment and/or Drug/Alcohol Addictions**

Have you <b>EVER</b> habitually used or been diagnosed as addicted to drugs or alcohol?	___ No ___ Yes
Have you <b>EVER</b> been diagnosed with or do you have any physical or mental impairment, which may affect your ability to practice safely as a pharmacist?	___ No ___ Yes

**Section 6 - Criminal Activity/Disciplinary Actions**

Note: Failure to disclose criminal history may result in the denial of your application. **EVEN IF THE RECORDS HAVE BEEN EXPUNGED.**

Have you <b>EVER</b> been arrested in any jurisdiction?	___ No ___ Yes
Have you <b>EVER</b> had any disciplinary or adverse action taken against you by any other government or law enforcement agency or court in any jurisdiction?	___ No ___ Yes
Are you currently charged with the commission of an offense in any jurisdiction?	___ No ___ Yes
Have you <b>EVER</b> been convicted of an offense in any jurisdiction?	___ No ___ Yes

If you answered "Yes" to ANY of the questions in Section 6, you must attach a letter of explanation and a **CERTIFIED COPY** of the court judgment in the case for **EACH** incident. If charges were dismissed, provide a letter from the appropriate agency confirming dismissal of the charges.

ANSWER THE FOLLOWING QUESTIONS:	YES	NO
1. Have you ever been denied the privilege of taking a pharmacy licensing examination? If yes, state which examination, where, and explain. _____ _____		
2. Have you ever had any disciplinary action taken against your pharmacist licence in any other jurisdiction? If yes, what jurisdiction and give date and explain. _____ _____		
3. Have you ever been convicted of, pled <i>nolo contendere</i> to, or have charges pending of a violation of international or local drug law? If yes, what jurisdiction and state where charged or convicted. Explain, and attach copies of any official documents such as warrants and court orders showing the nature and disposition of such charges or convictions. _____ _____		
4. Have you ever been physically or emotionally dependent upon the use of alcohol or drugs or treated by, consulted with, or been under the care of a professional for any substance abuse within the last two years? If yes, please provide a letter from the treating professional. _____ _____		

<p>5. Do you have a physical disease, mental disorder, or any condition which could affect your performance or professional duties? If yes, provide a letter from your treating professional to include diagnosis, treatment, prognosis and fitness to practice.</p> <hr/> <hr/>		
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**SECOND SCHEDULE**      (regulation 3(1), 5(1), 6(1), 9(1), 8(2),  
11(1) & 13(2))

**FEEES**

Certificate of registration as a pharmacist, pharmacy technician or other practitioner. . .	\$ 100.00
Certificate of registration for pharmacy . . . . .	\$2,000.00
Certificate of registration for a factory . . . . .	\$5,000.00
Certificate of registration for a warehouse . . . . .	\$2,000.00
Issuance of a licence to practice as a pharmacist. . . . .	\$ 100.00
Issuance of licence to practice as a pharmacy technician or pharmacy intern. . . . .	\$ 75 .00
Issuance of a licence to a manufacturer . . . . .	\$1,000.00
Issuance of a licence to a wholesale distributor . . . . .	\$ 500.00
Renewal fee for a certificate of registration for a pharmacy. . . . .	\$1,000.00
Renewal fee for a certificate of registration for a factory . . . . .	\$2,500.00
Renewal fee for a certificate of registration for a warehouse . . . . .	\$1,000.00
Renewal fee to practice as a pharmacist . . . . .	\$ 100.00
Renewal fee to practice as a pharmacy technician or pharmacy intern . . . . .	\$ 75.00
Renewal fee for a issuance of licence to a manufacturer or wholesale distributor . . . . .	\$ 250.00
Replacement fee for a certificate of registration or a licence . . . . .	\$ 50 .00

**THIRD SCHEDULE**

<b>FIRST COLUMN</b>	<b>SECOND COLUMN</b>
Health Professions (General) Regulations <sup>1</sup>	(a) Delete Part XII. (b) In the First Schedule, delete item No. 11 relating to Pharmacy and all the particulars relating thereto.
Hospital and Health Care Facilities (Fees) Regulations <sup>2</sup>	In the Schedule, delete the words "out patient included" wherever they appear and the corresponding particulars relating thereto.
Pharmacy (Prohibited Drugs) Rules <sup>3</sup>	Repeal the entire Rules.

**Dated this 29<sup>th</sup> day of January, 2010.**

**Signed**  
**DR. HUBERT A. MINNIS**  
**Minister Responsible for Medical and Health Services**

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<sup>1</sup>Sub. Leg. Vol. III, Ch. 233 - p. 11.

<sup>2</sup>Sub. Leg. Vol. IV, Ch. 235 - 7.

<sup>3</sup>Sub. Leg. Vol. III, Ch. 227 - p. 3.