MINISTRY OF HEALTH

S.I. No. 5 of 2010

THE PHARMACY ACT, 2009

(No. 8 of 2009)

PHARMACY (PRESCRIPTION) 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 (Prescription) Regulations, 2010.

2. **Interpretation.**

   In these Regulations, “the Act” means the Pharmacy Act, 2009.

PART II

REQUIREMENTS FOR PRESCRIPTIONS

3. **Contents of a prescription.**

   A person authorized to issue a prescription shall ensure that the prescription includes –

   (a) the name and address of the prescribing practitioner;
   (b) the name, address and age of the person for whom the drug has been prescribed;
(c) the name of the drug and the date prescribed, its strength and quantity and clear directions for its use and storage;
(d) the number of refills, if any;
(e) where applicable, in addition to the signature of the prescribing practitioner, a legible and conspicuous stamp with the printed name of the prescribing practitioner; and
(f) a license number of the prescribing practitioner, where the prescription is for a controlled substance under the Dangerous Drugs Act (Ch. 228).

4. Dispensing prescriptions.

(1) A person who dispenses a written or verbal prescription shall ensure that the prescription is properly labeled as specified in regulation 5.
(2) A person who dispenses a verbal prescription shall also ensure that –
   (a) the prescription is for a period not exceeding forty-eight hours;
   (b) the pharmacy keeps a written copy of the prescription and the date of the verbal order; and
   (c) a written copy of the prescription is requested from the prescribing practitioner and stamped "VERBAL ORDER".

5. Labeling of prescriptions.

(1) Every prescription shall be properly labeled with –
   (a) the name and address of the pharmacy dispensing the drug;
   (b) the name and address of the prescribing practitioner;
   (c) the name of the person for whom the drug has been prescribed;
   (d) the name of the drug and the date prescribed, its strength and quantity and clear directions for its use and storage;
   (e) the identification number of the prescription;
(f) the number of refills, if any;
(g) the initials and identification code of the person dispensing the drug; and
(h) the expiration date of the drug.

(2) The label shall be adequately affixed to the outside of the container of the dispensed drug by means of adhesive tape or otherwise.

6. Refilling of prescriptions.

A person who issues a refill prescription shall ensure to record –

(a) the date of the refill;
(b) the name of the drug and the date prescribed, its strength and quantity and clear directions for its use and storage; and
(c) the initials and identification code of the person dispensing the drug.

7. Transfer of prescriptions.

(1) A prescription may only be refilled by a pharmacy other than the pharmacy that previously dispensed the prescription, where the person dispensing the refill –

(a) satisfies himself that the prescription is valid and on file at that other pharmacy; and
(b) notifies that other pharmacy that the prescription on file at that pharmacy should be cancelled.

(2) A person who dispenses a drug under paragraph (1) shall keep an accurate record of the prescription, including –

(a) the name and address of the pharmacy at which the prescription was previously filled;
(b) the name of the drug and the date prescribed, its strength and quantity;
(c) the original amount of the drug and the date dispensed; and
(d) the number of refills remaining, if applicable.
(3) Where a pharmacy is notified by another pharmacy that a prescription is being refilled by that pharmacy in accordance with paragraph (1), the pharmacist in charge of the pharmacy from which a prescription was previously filled shall—

(a) ensure that all information regarding the previous prescription is communicated to the dispensing pharmacy; and

(b) cancel any record for refills for that prescription by marking the word “void” on the record and recording the name and address of the pharmacy that dispensed the refill in respect of that prescription.

(4) Where a transferred prescription is not dispensed within seven days, the pharmacist shall, by any means notify the pharmacy that the prescription was transferred from and such notice shall serve to revalidate the cancelled prescription.

(5) The pharmacist who has served such notice under paragraph (4) shall then cancel the prescription in the same manner as set forth in paragraph (3)(b).

(6) The pharmacist of any pharmacy requesting that a prescription be transferred to that pharmacy must advise the person requesting the transfer that the prescription on file at the previous pharmacy must be cancelled before it may be filled or refilled.

PART III

ELECTRONICALLY TRANSMITTED PRESCRIPTIONS

8. Electronically transmitted prescriptions.

(1) A prescription may be electronically transmitted to a pharmacy under the direct instructions of a prescribing practitioner and shall include—

(a) the name, address and age of the person for whom the drug has been prescribed;

(b) the name, address and telephone number of the prescribing practitioner;
(c) the name of the person instructed to transmit same;
(d) the licence number of the prescribing practitioner, where
the prescription is for a controlled substance under the
Dangerous Drug Act; (Ch. 228)
(e) the name of the drug and the date prescribed, its strength
and quantity and clear directions for its use and storage;
and
(f) the number of refills, if any.

(2) A copy of a prescription previously electronically transmitted
shall be stamped “COPY ONLY”.
(3) A hard copy of the prescription must be forwarded by the
prescribing practitioner to the pharmacy within forty-eight
hours of the electronic transmission.

**PART IV**

**EMERGENCY SUPPLY OF DRUGS**


(1) A registered pharmacist may supply a drug without a
prescription in accordance with section 30(6) of the Act
where –

(a) the request for the drug is appropriate to the need of the
person; and

(b) the drug is a pending refill.

(2) A person who supplies a drug in accordance with paragraph
(1) shall –

(a) keep a record of the genuine and urgent need for the
drug;

(b) keep a record of the circumstances of the particular case
for which a prescription could not be obtained; and

(c) where applicable, notify the previous prescribing
practitioner within seven working days of the supply
given.
(3) The supply of a drug in circumstances specified in this regulation shall not in any case exceed a seventy-two hour supply except—

(a) where the drug is in the form of an ointment or cream, or is a preparation in an aerosol container for the relief of asthma, in which case the supply shall consist of the smallest package or container available;
(b) an oral contraceptive, in which case the full cycle may be dispensed; or
(c) in the case of insulin or any insulin derivative product, in which case the supply shall consist of the smallest package available.

(4) A drug supplied under this regulation shall—

(a) only be for a one time emergency refill of the prescribed drug; and
(b) not be a medicinal drug appearing in the Dangerous Drugs Act (Ch. 228).

10. Labelling of emergency supplies.

The container or package of a drug supplied pursuant to regulation 9 shall bear a label showing—

(a) the identification number of the prescription;
(b) the date of supply;
(c) the name and address of the person to whom the drug is supplied;
(d) the name and address of the supplying pharmacist and pharmacy;
(e) the name, quantity, directions for use, and where appropriate, the pharmaceutical form and strength of the drug; and
(f) the word “EMERGENCY SUPPLY” marked thereon.
11. Emergency Supply Book to be kept.

The owner of every pharmacy shall cause to be kept a book entitled “Emergency Supply Book” in which shall be entered the particulars specified at regulation 9(2)(a) and (b) and 10(a) – (f).

Dated this 29th day of January, 2010.

Signed

DR. HUBERT A. MINNIS
Minister Responsible for Medical and Health Services
S.I. No. 6 of 2010

PHARMACY ACT, 2009

(No. 8 of 2009)

PHARMACY (IMPORT AND EXPORT) 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 —

1. Citation.

These Regulations may be cited as the Pharmacy (Import and Export) Regulations, 2010.

2. Interpretation.

In these Regulations, “the Act” means the Pharmacy Act, 2009¹.

3. Import and export of drugs.

(1) Any person who desires to import or export any drugs for the purposes of the Act shall submit to the Council for approval the following supporting documentation —

(a) the name of the country and company of the original manufacturer of the drugs;
(b) certification that at the time the drugs left its country of original manufacturer, such drugs met the requisite requirements in accordance with section 27 of the Act;
(c) the name of the country and company of repackaging and transshipment;
(d) a list of all the active ingredients contained in the drugs;
(e) the categorization and description of the drugs;
(f) the international generic nomenclature and all the applicable brand names used by the manufacturing company;
(g) the lot, batch number and expiration date of the drugs; and
(h) documentation specifying the proper storage and handling requirements.

(2) Evidence of approval granted under paragraph (1) shall be produced to the customs officer upon import or export of such drugs.
4. **Record keeping.**

Any person who imports or exports drugs for the purposes of the Act shall keep proper records specifying the information required under regulation 3.

Dated This 29th day of January, 2010.

Signed

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

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 intact;
(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.


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

<table>
<thead>
<tr>
<th>Application #</th>
<th>Registration Fee $</th>
</tr>
</thead>
</table>

Section 1 - Type of Application *(Tick appropriate box)*

- New Registration
- Renewal Registration
- Ownership transfer of an existing registered pharmacy

Section 2 - Type of Pharmacy *(Tick appropriate box)*

- Retail
- Institutional
- Emergency medical services
- Other (please specify)

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
- License:

- 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."

<table>
<thead>
<tr>
<th>Corporation</th>
<th>Name of Corporation</th>
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<tbody>
<tr>
<td>LLC</td>
<td>Name of LLC:</td>
</tr>
<tr>
<td>Individual</td>
<td>Individual’s Name:</td>
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<tr>
<td>Association</td>
<td>Association’s Name:</td>
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<tr>
<td>Government</td>
<td>Name:</td>
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<tr>
<td>Other (Attach Explanation)</td>
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</tbody>
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16
### 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.

<table>
<thead>
<tr>
<th>Street Address:</th>
<th>City/State/Country:</th>
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<tr>
<th>Business Telephone:</th>
<th>Fax:</th>
<th>Email address:</th>
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### Section 6 - Ownership of Existing Registered Pharmacy

Do the owner listed in Section 5 currently own any other pharmacy

- [ ] Yes
- [ ] No

If “Yes” complete below

<table>
<thead>
<tr>
<th>Name of Pharmacy:</th>
<th>Registration#</th>
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<th>Name of Pharmacy:</th>
<th>Registration#</th>
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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

__________________________   _______________________
Signature & Position        Date

### For official use only

- Officer: ________________________
- Registration #: _____________
- Fee received: _______________
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.

Registrar __________________________

No. __________________________

Date __________________________

Expiration Date __________________________

* Delete as applicable
**Form 3**

**Application for Registration as a Pharmacist, Pharmacy technician or Other Practitioner Under Section 9 of the Pharmacy Act**

### Section 1 - Personal Information

Current Legal Name: (See notes at the end of this section)

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
<th>Suffix(es): Sr., Jr., III, IV etc.</th>
</tr>
</thead>
</table>

List ALL other Names By Which You Have Ever Been Known (Maiden, Married, etc.)

<table>
<thead>
<tr>
<th>National Insurance Number/Country</th>
<th>Place and Date of Birth</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>P.O. Box</th>
<th>Email Address</th>
<th>City/Island/Country</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Home Address</th>
<th>Work Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Telephone</th>
<th>Work Telephone</th>
<th>Other Telephone</th>
</tr>
</thead>
</table>

### Section 3 - Education

Name of College/University/Institution attended for Pharmaceutical Studies:  
Type of Degree or Certificate Confirmed:

Address of Institution:  
Date Degree or Certificate Confirmed:

Additional sub-specialty qualifications:

Name of Institution:  
Address:  
Date Completed:

---

**Signature**  
**Date**

For official use only

<table>
<thead>
<tr>
<th>Officer</th>
<th>Registration #</th>
<th>Fee received</th>
</tr>
</thead>
</table>
APPLICATION FOR A LICENCE TO PRACTISE PHARMACY

<table>
<thead>
<tr>
<th>New Application</th>
<th>Renewal Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licence Fee</td>
<td>$ ____________</td>
</tr>
</tbody>
</table>

**Section 1 - Personal Information**

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Middle Name:</th>
<th>Last Name:</th>
<th>Self (Sr, Sr. III, IV, Dr, Esq)</th>
</tr>
</thead>
</table>

List All Other Names By Which You Have Ever Been Known (Maiden, Married, etc.):

<table>
<thead>
<tr>
<th>National Insurance Number or National ID #:</th>
<th>Place and Date of Birth</th>
</tr>
</thead>
</table>

Present Age: Gender: Type of Practice (Pharmacist, Technician, Intern, Provisional Pharmacist or Temporary Licence):

**Section 2 - Contact Information**

<table>
<thead>
<tr>
<th>P. O. Box:</th>
<th>Home Address (Name of Street, Area and House No.):</th>
</tr>
</thead>
<tbody>
<tr>
<td>City/State/Country:</td>
<td>Email Address:</td>
</tr>
<tr>
<td>Home Telephone:</td>
<td>Work Telephone:</td>
</tr>
<tr>
<td>Other Telephone:</td>
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</table>

**Section 3 - Education**

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<tr>
<th>Name of College/University/Institution attended for Pharmaceutical Studies:</th>
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<td>Address of Institution:</td>
<td>Date of Degree or Certificate Confirmed:</td>
</tr>
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</table>

List higher qualifications and addresses: (Attach additional pages if necessary)

<table>
<thead>
<tr>
<th>Name of Institutions:</th>
<th>Address of Institution:</th>
<th>Professional Qualification:</th>
<th>Date Obtained:</th>
</tr>
</thead>
</table>

**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?

___ 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.

___ NO  Proceed to Section 5
<table>
<thead>
<tr>
<th>Credential Issued By</th>
<th>Type of Credential</th>
<th>Credential#</th>
<th>Initial License Date</th>
<th>Expiration Date</th>
<th>Has there been disciplinary action against this license?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

**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.*

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you EVER been arrested in any jurisdiction?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Have you EVER had any disciplinary or adverse action taken against you by any other government or law enforcement agency or court in any jurisdiction.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Are you currently charged with the commission of an offence in any jurisdiction?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Have you EVER been convicted of an offence in any jurisdiction?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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:**

1. Have you ever been denied the privilege of taking a pharmacy licensing examination? If yes, state which examination, when, 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 no contest 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.


5. Do you have a physical disability, mental disorder, or any condition which could affect your performance of professional duties? If yes, provide a letter from your treating professional to include diagnosis, treatment, prognosis and fitness to practice.


The following documents should accompany this application -

- a current photo receipt,
- a current health certificate,
- certified copies of any relevant certificates of qualifications,
- a copy of current work permit or permanent residence certificate, if applicable,
- a copy of applicant’s previous certificates of registration and license, if applicable, and
- proof of required hours of practice.

<table>
<thead>
<tr>
<th>For official use only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office</td>
</tr>
<tr>
<td>Registration #</td>
</tr>
<tr>
<td>Age received</td>
</tr>
</tbody>
</table>
THE BAHAMAS PHARMACY COUNCIL

LICENSE

This licence is granted under subsection 1236 of the Pharmacy Act to ____________________________ to practice 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

<table>
<thead>
<tr>
<th>Application #</th>
<th>Registration Fee</th>
</tr>
</thead>
</table>

**Section 1 - Type of Application** *(Tick appropriate box)*

| New Registration | Renewal Registration | Ownership transfer of an existing registered factory or warehouse |

**Section 2 - Type of Industry** *(Tick appropriate box and give details)*

| Wholesaler | Manufacturer |

**Section 3 - Factory or Warehouse Information**

| Name of Factory or Warehouse: | City/State/Country: |

| Phone No. | Fax No. | Email: |

| Expected date of opening/ownership transfer: | Date of inspection: |

| Supervisor in Charge: | Licence #: |

| Will 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 names. An entry must be made. DO NOT enter "Same as Above."

| Corporate | Name of Corporation: |
| LLC | Name of LLC: |
| Individual | Individual's Name: |
| Association | Association Name: |
| Government | Name: |
| Other (Attach explanation) | Name: |
Section 5 - List of Owner's Address

1. Enter the business address of the Corporation, LLC, individual, Partnership, Association, etc. entitled in Section 4. See note below.

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City/State/Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Telephone</td>
<td>Fax</td>
</tr>
</tbody>
</table>

2. Enter the business address of the Corporation, LLC, individual, Partnership, Association, etc. entitled in Section 4. See note below.

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City/State/Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Telephone</td>
<td>Fax</td>
</tr>
</tbody>
</table>

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" answer below:

<table>
<thead>
<tr>
<th>Name of factory or warehouse</th>
<th>Registration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
</tbody>
</table>

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
FORM 7
(regulation 11(1) & 13(1))

APPLICATION FOR A LICENCE UNDER SECTION 36 OF THE PHARMACY ACT

Licence Fee
$

<table>
<thead>
<tr>
<th>New Application</th>
<th>Renewal Application</th>
</tr>
</thead>
</table>

Section 1 - Particulars of Applicat

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:
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/State/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 Confirmed:

Address of Institution:
Date of Degree or Certificate Confirmed:

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?

YES  NO

List each jurisdiction below. Attach additional pages, if necessary. Contact each jurisdiction and request that they provide the British Columbia Pharmacy Council with a letter stating the current status of your credentials with them. The letter must state whether or not you have ever had disciplinary action taken against you.

__Yes  No

Refer to Section 5

<table>
<thead>
<tr>
<th>Credential Issued By</th>
<th>Type of Credential</th>
<th>Credential #</th>
<th>Initial License Date:</th>
<th>Expiration Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Credential Issued By</th>
<th>Type of Credential</th>
<th>Credential #</th>
<th>Initial License Date:</th>
<th>Expiration Date:</th>
</tr>
</thead>
</table>

Has there been disciplinary action against this licence?

__Yes  No
### Section 5 - Impairment and/or Drug/Alcohol Addictions

<table>
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<tr>
<th>Question</th>
<th>Yes</th>
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<td>Have you <strong>ever</strong> habitually used or been diagnosed as addicted to drugs or alcohol?</td>
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### 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.**

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<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tr>
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<td>Have you <strong>ever</strong> had any disciplinary or adverse action taken against you by any other government or law enforcement agency or court in any jurisdiction?</td>
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<td></td>
</tr>
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<td></td>
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**ANSWER THE FOLLOWING QUESTIONS:**

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you ever been denied the privilege of taking a pharmacy licensing examination? If yes, state which examination, where, and explain.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Have you ever had any disciplinary action taken against your pharmacist license in any other jurisdiction? If yes, what jurisdiction and give date and explain.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Have you ever been convicted of, pled: no contest to, or have charges pending of a violation of international or local drug law? If yes, state jurisdiction and date, 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.</td>
<td></td>
<td></td>
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<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
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</table>
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.
<table>
<thead>
<tr>
<th>Service Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certificate of registration as a pharmacist, pharmacy</td>
<td>$100.00</td>
</tr>
<tr>
<td>technician or other practitioner</td>
<td></td>
</tr>
<tr>
<td>Certificate of registration for pharmacy</td>
<td>$2,000.00</td>
</tr>
<tr>
<td>Certificate of registration for a factory</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>Certificate of registration for a warehouse</td>
<td>$2,000.00</td>
</tr>
<tr>
<td>Issuance of a licence to practice as a pharmacist</td>
<td>$100.00</td>
</tr>
<tr>
<td>Issuance of licence to practice as a pharmacy technician</td>
<td>$75.00</td>
</tr>
<tr>
<td>or pharmacy intern</td>
<td></td>
</tr>
<tr>
<td>Issuance of a licence to a manufacturer</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>Issuance of a licence to a wholesale distributor</td>
<td>$500.00</td>
</tr>
<tr>
<td>Renewal fee for a certificate of registration for a</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>pharmacy</td>
<td></td>
</tr>
<tr>
<td>Renewal fee for a certificate of registration for a</td>
<td>$2,500.00</td>
</tr>
<tr>
<td>factory</td>
<td></td>
</tr>
<tr>
<td>Renewal fee for a certificate of registration for a</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>warehouse</td>
<td></td>
</tr>
<tr>
<td>Renewal fee to practice as a pharmacist</td>
<td>$100.00</td>
</tr>
<tr>
<td>Renewal fee to practice as a pharmacy technician or</td>
<td>$75.00</td>
</tr>
<tr>
<td>pharmacy intern</td>
<td></td>
</tr>
<tr>
<td>Renewal fee for a issuance of licence to a manufacturer</td>
<td>$250.00</td>
</tr>
<tr>
<td>or wholesale distributor</td>
<td></td>
</tr>
<tr>
<td>Replacement fee for a certificate of registration or a</td>
<td>$50.00</td>
</tr>
<tr>
<td>licence</td>
<td></td>
</tr>
</tbody>
</table>
THIRD SCHEDULE

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

Dated this 29\(^{th}\) day of January, 2010.

Signed

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

---

\(^1\)Sub. Leg. Vol. III, Ch. 233 - p. 11.
\(^3\)Sub. Leg. Vol. III, Ch. 227 - p. 3.