

SAINT LUCIA

STATUTORY INSTRUMENT, 2006, No. 43

[22nd May, 2006]

In exercise of the power conferred pursuant to section 68 of the Pharmacy Act 2003, No. 8, the Minister responsible for the Health, after consultation with the Pharmacy Council makes these Regulations:

Citation

1. These Regulations may be cited as the Pharmacy (Forms and Fees) Regulations.

Interpretation

2. In these Regulations —

“Act” means the Pharmacy Act 2003, No. 8;

“Minister” means Minister responsible for Health;

“Pharmacy Council” means the Pharmacy Council established pursuant to section 5 of the Act.

Fees

3. The fees prescribed in the First Schedule shall be the fees payable pursuant to section 34, 38 and 39 of the Act.

Application for registration or renewal of registration as a pharmacist

4. An application for registration of a person as a pharmacist pursuant to section 34 (1) of the Act or renewal of registration of a person as a pharmacist pursuant to section 39 of the Act shall be in the form prescribed in Form 1 of the Second Schedule and shall be accompanied by—

- (a) the application fee prescribed in the First Schedule;
- (b) an official transcript, certificate or other relevant document from the place of study stating that the applicant has graduated;
- (c) two passport size photographs;

Pharmacy (Forms and Fees) Regulations

- (d) one official form of identification, for example, a passport, identification card or driver's licence;
- (e) evidence of the applicant's good character;
- (f) evidence that the applicant has not been convicted of an offence in Saint Lucia or elsewhere relating to the control of dangerous substances, drugs or narcotics;
- (g) evidence that the applicant has not been convicted of an offence in Saint Lucia or elsewhere relating to the practice of pharmacy;
- (h) evidence that the applicant has not had a certificate of registration for a pharmacy, practice as a pharmacist or practice as an authorised seller of poisons suspended or revoked in the last five years pursuant to this Act or any other law in force relating to the practice of pharmacy in Saint Lucia or elsewhere; and
- (i) any other information as the Pharmacy Council deems necessary.

Application for registration or renewal of registration of premises as pharmacy

5. An applicant for registration of premises as a pharmacy pursuant to section 34(3) of the Act or renewal of registration of premises as a pharmacy pursuant to section 39 shall be in the form prescribed in Form 2 of the Second Schedule and shall be accompanied by —

- (a) the application fee prescribed in the First Schedule;
- (b) two passport size photographs;
- (c) one official form of identification, for example, a passport, identification card or driver's licence;
- (d) evidence of the applicant's good character;
- (e) evidence that the applicant has not been convicted of an offence in Saint Lucia or elsewhere relating to the control of dangerous substances, drugs or narcotics;
- (f) evidence that the applicant has not been convicted of an offence in Saint Lucia or elsewhere relating to the practice of pharmacy;

Pharmacy (Forms and Fees) Regulations

- (g) evidence that the applicant has not had a certificate of registration for a pharmacy, practice as a pharmacist or practice as an authorized seller of poisons suspended or revoked in the last five years pursuant to this Act or any other law in force relating to the practice of pharmacy in Saint Lucia or elsewhere; and
- (h) any other information as the Pharmacy Council deems necessary.

Application for registration or renewal of registration as an authorised seller of poisons

6. An application for registration of a person as an authorized seller of poisons pursuant to section 34(2) of the Act or renewal of registration as an authorized seller of poison pursuant to section 39 of the Act shall be in the form prescribed in Form 3 of the Second Schedule and shall be accompanied by—

- (a) the application fee prescribed in the First Schedule;
- (b) two passport size photographs;
- (c) one official form of identification, for example, a passport, identification card or driver's licence;
- (d) evidence of the applicant's good character;
- (e) evidence that the applicant has not been convicted of an offence in Saint Lucia or elsewhere relating to the control of dangerous substances, drugs or narcotics;
- (f) evidence that the applicant has not been convicted of an offence in Saint Lucia or elsewhere relating to the practice of pharmacy;
- (g) evidence that the applicant has not had a certificate of registration for a pharmacy, practice as a pharmacist or practice as an authorized seller of poisons suspended or revoked in the last five years pursuant to this Act or any other law in force relating to the practice of pharmacy in Saint Lucia or elsewhere; and
- (h) any other information as the Pharmacy Council deems necessary.

*Pharmacy (Forms and Fees) Regulations***Certificate of registration as pharmacist**

7. A certificate of registration for registration of a person as a pharmacist issued pursuant to section 36 and 38 of the Act or renewed pursuant to section 39 —

- (a) shall be in the form prescribed in Form 4 of the Second Schedule; and
- (b) be issued on payment of the registration fee or the annual fee prescribed in the First Schedule, as the case may be.

Certificate of registration as pharmacy

8. A certificate of registration for registration of a premises as a pharmacy issued pursuant to section 36 and 38 of the Act or renewed pursuant to section 39 —

- (a) shall be in the form prescribed in Form 5 of the Second Schedule; and
- (b) be issued or renewed on payment of the registration fee or the annual fee prescribed in the First Schedule, as the case may be.

Certificate of registration as authorised seller of poisons

9. A certificate of registration for registration of a person as an authorised seller of poisons issued pursuant to section 36 and 38 of the Act or renewed pursuant to section 39 —

- (a) shall be in the form prescribed in Form 6 of the Second Schedule; and
- (b) be issued on payment of the registration fee or the annual fee prescribed in the First Schedule, as the case may be.

*Pharmacy (Forms and Fees) Regulations***FIRST SCHEDULE***(Regulations 3-9)***FEES**

	Fee
Application fee for registration or renewal of registration as a pharmacist	\$25
Application fee for registration or renewal of registration of a pharmacy	\$25
Application fee for registration or renewal of registration as an authorised seller of poisons	\$25
Certificate of registration of a person as a pharmacist	\$250 – registration fee \$200 – annual fee
Certificate of registration of premises as pharmacy	\$500 – registration fee \$500 – annual fee
Certificate of registration of a person as an authorised seller of poisons	\$350 – registration fee \$350 – annual fee

*Pharmacy (Forms and Fees) Regulations***SECOND SCHEDULE****FORM 1***(Regulation 4)***Application for Registration as a Pharmacist****Pharmacy Council**

[Address]

Saint Lucia

INSTRUCTIONS:
Applicant: Fill out
the following blanks.
Type or print in ink.
Return to the
PHARMACY COUNCIL
at the address listed above.

FOR OFFICE USE ONLY

Receipt number

Fee Date

Certificate number

Date issued

One Photograph Required.

Recent head and shoulder
photograph must be attached
to the application. Photograph
must be of passport quality.

APPLICATION FOR REGISTRATION AS A PHARMICIST**APPLICANT INFORMATION**

Name of applicant (first, middle, last)			Maiden name (if applicable)	
Address			Email address	
City/Town			Social Security number	
Date of birth (day, mo., yr.)	Place of birth	Country	Telephone number	
Name and address of school or college of pharmacy		No. of years attended	Qualifications Obtained	Date graduated

I _____, above named,
hereby swear or affirm under the penalties of perjury that the statements made by me in this
application for license as a pharmacist by examination are true and correct. I further pledge
myself to practice the profession of pharmacy with dignity, integrity and honor and to comply
at all times with the rules and regulations governing the profession, should I be granted the
privilege of registration as a pharmacist in the country of St. Lucia.

Signature of applicant

Date signed (day, mo., yr.)

Pharmacy (Forms and Fees) Regulations

If your answer is "Yes" to any of the following, explain fully in a sworn affidavit, including all related detail. Describe the event including the location, date and disposition. If you have had a malpractice judgment, provide the name of the plaintiff. Falsification of any of the following is grounds for permanent revocation of a license or permit issued pursuant to the application.		
1. Has disciplinary action ever been taken regarding any health license, certificate or permit you hold or have held in any country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever been denied a license, certificate, registration or permit to practice as a pharmacist or any regulated health occupation in any country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are there any charges pending against you regarding a violation of any State law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you ever been convicted or pled guilty or nolo contendere to:		
A. A violation or any State law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. To any offense, misdemeanor or felony in any country? (Except for minor violations of traffic laws resulting in fines)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you ever been denied staff membership privileges in any pharmacy or have any privileges been revoked, suspended or subjected to any restrictions, probation or other type of discipline or limitations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you ever had a malpractice judgement against you or settled any malpractice action?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

AUTHORIZATION FOR RELEASE OF INFORMATION	
<p>I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Pharmacy Council any files, documents, records or other information pertaining to the undersigned requested by the Pharmacy Council or any of its authorized representatives in connection with processing application for licensure as a pharmacist.</p> <p>I hereby release the aforementioned person, firms, officers, corporations, association, organizations, and institutions from any liability with regard to such inspection or furnishing of any information.</p> <p>I further authorize the Pharmacy Council to disclose the aforementioned persons, firms, officer, corporations, associations, organizations, from any and all liability in connection with such disclosures.</p> <p>A photostatic copy of this authorization has the same force and effect as the original.</p> <p>I hereby swear or affirm that I have read the above statements and agree to same.</p>	
Signature of applicant	Date (day, mo. yr.)

*Pharmacy (Forms and Fees) Regulations***FORM 2***(Regulation 5)***Application for Registration of premises as pharmacy****Pharmacy Council**

[Address]

Saint Lucia

INSTRUCTIONS: Applicant: Fill out the following blanks. Type or print in ink. Return to the PHARMACY COUNCIL at the address listed above.

FOR OFFICE USE ONLY

Receipt number

Fee Date

Certificate number

Date issued

APPLICATION FOR REGISTRATION AS A PHARMCY

PHARMACY INFORMATION	PHARMACY OWNER INFORMATION	
Name of pharmacy	Name of pharmacy (If corporation or partnership attach a list of officers on a separate sheet including, name, address or title)	
Address of pharmacy	Address of owner	
Phone	Phone	Fax
Fax	Social Security Number	
Email	Email	
Mailing address	Mailing address	
Has the owner, or any corporate officer or partner ever been convicted of an offence involving moral turpitude, a felon offence, or any drug-related offence or has any currently pending felony or drug - related charges, and if so, indicate charge, conviction date, jurisdiction and location.		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Name of pharmacist in charge		
Name of school or college of pharmacy of pharmacist in charge	Qualifications obtained	Date obtained
License number of pharmacist in charge	Expiration date	Tel No.
Address		
Mailing address (If applicable)		
Email		

Pharmacy (Forms and Fees) Regulations

I _____ hereby swear or affirm under
(Signature of owner)
the penalties of perjury that the statements made in this application for Registration as a
Pharmacy are true and correct in all respects.

Pharmacy (Forms and Fees) Regulations

List of poisons to be sold _____

Has the owner, or any corporate officer or partner ever been convicted of an offence involving moral turpitude, a felon offence, or any drug-related offence or has any currently pending felony or drug-related charges, and if so, indicate charge, conviction date, jurisdiction and location.

Yes

No

I _____ hereby swear or affirm under the penalties
(Name of owner)

of perjury that the statements made in this application for a Seller of Poisons are true and correct in all respects.

Authorised Signature _____ Date _____

Title _____

Pharmacy (Forms and Fees) Regulations

FORM 4

(Regulation 7)

Certificate of Registration as a Pharmacist



Pharmacy Council

Saint Lucia

Certificate of Registration as a Pharmacist

Registration No. _____

This is to certify that _____ has
been licensed as a Pharmacist under the Pharmacy Act, for the period January
1st _____ to December 31st _____.

Chairperson, Pharmacy Council

Registrar

*Pharmacy (Forms and Fees) Regulations***FORM 5***(Regulation 8)**Certificate of Registration as a Pharmacy***Pharmacy Council***Saint Lucia***Certificate of Registration as a Pharmacy**

This is to certify that the Pharmacy _____ situated
at _____ in the quarter of _____
managed by _____ is duly licensed as a Pharmacy for the period
ending _____ and that _____
is duly registered as the owner of the pharmacy.

Chairperson, Pharmacy Council_____
Registrar

*Pharmacy (Forms and Fees) Regulations***FORM 6***(Regulation 9)**Certificate of Registration as an Authorised Seller of Poisons***Pharmacy Council***Saint Lucia***Certificate of Registration as an Authorised Seller of
Poisons**

This is to certify that _____ of _____
is hereby licensed as an authorised seller of poisons and is authorised to sell the
poisons set out in Part II of the _____ schedule of the Act for the period
ending _____.

Chairperson, Pharmacy Council_____
Registrar

Made this 4th day of May, 2006.

DAMIAN GREAVES,
Minister responsible for Health