

BERMUDA STATUTORY INSTRUMENT

BR 44/1979

**PHARMACY AND POISONS (REGISTRATION OF PHARMACIES)
REGULATIONS 1979**

*[made under section 22 of the Pharmacy and Poisons Act 1979 [title 11 item 5] and
brought into operation on 1 January 1980]*

ARRANGEMENT OF REGULATIONS

- 1 Citation and commencement
- 2 Interpretation
- 3 Application for registration in Form E
- 4 Prescribed particulars
- 5 Entries in register in Form F

SCHEDULE

Citation and commencement

- 1 These Regulations may be cited as the Pharmacy and Poisons (Registration of Pharmacies) Regulations 1979 [*commencement omitted*].

Interpretation

- 2 In these Regulations—
"the Act" means the Pharmacy and Poisons Act 1979 [*title 11 item 5*];
"Form" means Form in the Schedule,

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Application for registration in Form E

3 Any person who makes application for registration of premises as a pharmacy shall forward to the Registrar an application in accordance with Form E.

Prescribed particulars

4 An application made under regulation 3 in relation to a proposed pharmacy shall contain particulars as follows —

- (a) the name and address of the premises;
- (b) the proposed name and location of the pharmacy;
- (c) the name of the registered pharmacist who will be in charge of the pharmacy and the name of any other registered pharmacist who will be employed in the pharmacy if the application is granted;
- (d) the telephone numbers of both the pharmacy and its owner.

Entries in register in Form F

5 The Registrar shall enter in the register of pharmacies as set out in Form F the particulars referred to in regulation 4.

SCHEDULE

FORM E

(Reg. 3)

THE PHARMACY AND POISONS ACT 1979

Application for the Registration of a Pharmacy

Name of Pharmacy [blank]

Address [blank]

Tel. No. [blank]

Owner [blank]

Address [blank]

Tel. No. [blank]

Name of Pharmacist in Charge [blank]

Name of Other Pharmacists employed [blank]

I hereby make application to have the above-mentioned Pharmacy registered in accordance with the provisions of The Pharmacy and Poisons Act 1979, section 17(1). I enclose the necessary registration fee (cheque only, payable to the Accountant General).

I hereby undertake to notify the Pharmacy Council of any change in the pharmacist(s) presently employed at the above Pharmacy.

Dated [blank] Signed [blank]

Forward completed application to:

The Registrar
Pharmacy Council
c/o Department of Health
P.O. Box 380,
Hamilton 5

OFFICIAL USE ONLY

Application received [blank] 19 [blank]

Premises Inspected [blank] 19 [blank]

Registration Fee-Receipt No [blank] Date [blank] 19 [blank]

Approved/Not Approved Date [blank] 19 [blank]

Remarks [blank]

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FORM F

[omitted]