

**BERMUDA STATUTORY INSTRUMENT**

**BR 43/1979**

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

*[made under section 15(1)(a) of the Pharmacy and Poisons Act 1979 [title 11 item 5]  
and brought into operation on 1 January 1980]*

ARRANGEMENT OF REGULATIONS

- 1 Citation
- 2 *[omitted]*
- 3 Interpretation
- 4 Application for registration; Form A
- 5 Documents in support
- 6 Written examination; certificate of competence in Form B
- 7 Certificate of registration in Form C; Register of Pharmacists Form D

SCHEDULE

**Citation**

- 1 These Regulations may be cited as the Pharmacy and Poisons (Registration of Pharmacists) Regulations 1979.

**Commencement**

- 2 *[omitted]*

**Interpretation**

- 3 In these Regulations—

"the Act" means the Pharmacy and Poisons Act 1979 [*title 11 item 5*];

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

---

"Form" means Form in the Schedule.

**Application for registration; Form A**

4 Every person who makes application for registration under section 7 of the Act (in these Regulations called an "applicant") shall complete and submit to the Registrar an application in accordance with Form A.

**Documents in support**

5 An applicant shall in support of his application forward to the Registrar documents as follows —

- (a) a copy of any degree or diploma in pharmacy held by him; and
- (b) a copy of his licence or certificate of registration if he is or was licensed or registered as a pharmacist in any country overseas,

and the Council shall be entitled to take any such document into account in determining whether or not the applicant should be approved by them for the purpose of admission to sit an examination pursuant to regulation 6.

**Written examination; certificate of competence in Form B**

6 (1) Every applicant approved by the Council as mentioned in regulation 5 shall be required to sit a written examination in pharmacy arranged by the Council.

(2) The Council shall grant a certificate of competence in Form B to every applicant who passes such examination to their satisfaction.

**Certificate of registration in Form C; Register of Pharmacists Form D**

7 The particulars relating to applicants and the form of certificate of registration that are required by section 7(4) of the Act to be prescribed are the particulars and form respectively set forth in Forms C and D.

**SCHEDULE**

(Reg. 4)

FORM A

THE PHARMACY AND POISONS ACT 1979

Application for Registration as a Pharmacist

Name (in block capitals) [blank]

Address in Bermuda [blank]

Place of Birth [blank]

Nationality [blank]

Date of Birth [blank]

Name of institution from which degree and/or diploma in pharmacy was obtained [blank]

Address [blank]

State degree/diploma obtained and date [blank]

If Registered overseas, name of registration authority [blank]

Address [blank]

Year and number of overseas registration [blank]

COPIES OF DEGREE/DIPLOMA AND REGISTRATION CERTIFICATE (IF ANY) MUST BE ATTACHED TO THIS APPLICATION AND ACCOMPANIED BY THE APPROPRIATE REGISTRATION FEE (CHEQUE PAYABLE TO THE ACCOUNTANT GENERAL).

APPLICANT MUST SIGN THE FOLLOWING DECLARATIONS:

1 I was registered provisionally as a member of the Bermuda Pharmaceutical Association on [blank] the day of [blank], 19 [blank]

2 I fully appreciate that in order to be registered as a pharmacist In Bermuda I must hold a recognized qualification as a pharmacist from overseas and, in addition, must satisfy the Pharmacy Council In Bermuda of my competence.

3 I understand that if I am a non-Bermudian, it is mandatory that I submit to the Pharmacy Council my overseas registration.

Date [blank]

Signature [blank]

Please forward completed application to:

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

---

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

OFFICIAL USE ONLY

Date Application Received [blank] 19 [blank]

Receipt No. [blank] and Date [blank] 19 [blank]

Approved by Pharmacy Council [blank] 19 [blank] Certificate of  
Registration [blank] 19 [blank] No [blank]

Remarks [blank]

FORM B

THE PHARMACY COUNCIL BERMUDA

THE PHARMACY AND POISONS ACT 1979

CERTIFICATE OF COMPETENCE

This is to certify that [blank] has produced satisfactory evidence to The  
Pharmacy Council as to his/her competence as a Pharmacist. In  
testimony whereof this Certificate is awarded by order of The Pharmacy  
Council.

Dated this [blank] day of [blank] 19 [blank]

Signed.....  
Chairman

FORM C

(Reg. 7)

THE PHARMACY COUNCIL BERMUDA

THE PHARMACY AND POISONS ACT 1979

CERTIFICATE OF REGISTRATION

No. [blank].....

I hereby certify that the name of [blank] was on the [blank] day of [blank], 19 [blank] entered in the Register of Pharmacists [blank] kept and maintained by me in accordance with the provisions of Section 7 (2) of the Pharmacy and Poisons Act 1979.

Dated this [blank] day of [blank], 19 [blank]

Signed.....

Registrar

FORM D

[omitted]