

MINISTRY OF HEALTH AND WELLNESS – BARBADOS

Pharmacy Act. Cap. 372D

APPLICATION FOR CERTIFICATION OF PREMISES

To: **THE SECRETARY,
Pharmacy Council**

I the undersigned
(Name of Applicant)

of.....
(Address of Applicant)

hereby make application for a Certificate to operate a Pharmacy of which the particulars are as follows:

Name of Pharmacy

Address of Pharmacy

Name of Owner

Address of Owner

Name and Qualifications of Pharmacist in charge

.....

No. of Pharmacists employed

Name(s) of Pharmacist employed

.....

Is Dispensing Section of the Pharmacy separated from Public Access Yes No

.....
Date

.....
Signature of Applicant

We hereby certify that the Council has examined the application of

.....
(Name of Owner)

for a certificate of approval of premises to operate a pharmacy and is satisfied that the above premises are suitable to be certified for the operation of a Pharmacy.

Dated this day of 20

.....
Chairman

.....
Member of Council

Approved by the Minister this day of 20

.....
Minister