



THE
JAMAICA GAZETTE
SUPPLEMENT

PROCLAMATIONS, RULES AND REGULATIONS

585

Vol. CXLI

FRIDAY, JUNE 8, 2018

No. 52

No. 52

THE PHARMACY ACT

THE PHARMACY (AMENDMENT) REGULATIONS, 2018

In exercise of the power conferred upon the Council by section 25(j) of the Pharmacy Act, and of every other power hereunto enabling, the following Regulations are hereby made with the approval of the Minister—

1. These Regulations may be cited as the Pharmacy (Amendment) Regulation, 2018, and shall be read and construed as one with the Pharmacy Regulations, 1975 (hereinafter referred to as the “principal Regulations”) and all amendments thereto.
2. Regulation 5 of the principal Regulations is amended by inserting immediately after the words “Form D” the following “, or Form DI, where applicable,”.

4. CONTACT INFORMATION OF OWNER (if there is additional shareholder(s) annex this information)

No.	Name of Sole trader/ Principal Shareholder/Directors	ADDRESS	Email Address	Mobile Number
1.				
2.				
3.				
4.				
5.				

5. Does this company operate multiple pharmacies? Y ☐ N ☐ (If NO, complete SECTION B, If YES complete SECTION C)

SECTION B. BUSINESS INFORMATION

6. REGISTERED TRADING NAME OF SHOP

7. TYPE OF PHARMACY [✓]

8. REG.#

[illegible]

Professional	Retail	Wholesale	Manufacturing

PCJ Reg #
Business Reg #
TRN

9. Address of Shop

[illegible]

10. Contact Information of shop

Tel # Fax #

Email

11. Pharmacist in charge and in control

[illegible]

SECTION C. BUSINESS WITH MULTIPLE PHARMACIES

This section is only applicable if the pharmacies are owned and operated by the same individual/partnership/company

[illegible]

CHARACTER AND CRIMINAL RECORD DECLARATION FORM

Please read and complete the following

The Pharmacy Council of Jamaica reserves the right to revoke or reject my license status or application if any individual owner/partner/principal shareholder/director is found to have been convicted of a criminal offence pre or post certification.

The Pharmacy Council of Jamaica has the right at any time to request a criminal background check/police report
I understand that my application may be rejected and/or that I may be subject to disciplinary action if I am registered and I have given false information or deliberately omitted information that may disqualify me and/or my partners for registration as a pharmacy owner(s).

CRIMINAL RECORD

1(a) Have you or any other partner/principal shareholder/director been convicted of a criminal offence or been given a formal reprimand, final warning or caution? Yes ☐ No ☐

1(b) If yes, Please state the nature of the offence

2 (a) Is there any other non-conviction information (e.g. pending prosecutions) which may have a bearing on you or any other partner/principal shareholder/director's suitability to be registered as an owner? Yes ☐ No ☐

2 (b) If yes, Please state the nature of the offence

I hereby acknowledge and that I have read and understood the information given on this form and have completed it to the best of my knowledge.

NAME OF APPLICANT	
POSITION	
SIGNATURE	
DATE	

Date _____		Fee: _____		For official use only		Receipt No. _____	
Payment Method: Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Bank deposit <input type="checkbox"/> Credit/Debit card <input type="checkbox"/>							
The information you have given above will be treated in strict confidence							

Dated this 8th day of June, 2018.

CHRISTOPHER TUFTON, MP
Minister of Health.