APPLICANT TO NOTE:

1. The Council reserves the right to reject an application if in its opinion, the applicant is not fit to carry out the business of supplying Over-the-Counter Medicines by retail.

2. The Pharmacy Council shall not be under any obligation to approve an application because of financial commitments made by the applicant.

3. A false declaration renders the application invalid and shall be rejected on that basis.

4. Information provided will be treated as confidential, but in cases of wrong information or impersonation, it may be tendered in court as evidence against applicant or declarant.

5. Submission of application with the necessary documents does not constitute approval for applicant to commence business.

6. Incomplete application shall be rejected.

7. Applicant shall not be required to furnish the facility until the application is approved by the Pharmacy Council.

8. The Pharmacy Council reserves the right to amend these guidelines without any prior notice.
1.0 INTRODUCTION

The Pharmacy Council under Section 94 of the Health Professions Regulatory Bodies Act, 2013 (Act 857), issues Over-the-Counter Medicines Practitioner’s licence.

The Over-the-Counter Medicines Practitioner’s Licence (OTCMSL) authorises a person to engage in the retail supply of ONLY Over-the-Counter Medicines (i.e. class C medicines) at a location specified on the licence.

The OTCMSL is LIMITED IN NATURE because it confers the following restrictions:

i) The licence shall be used by the licensee ONLY.

ii) Specified location from which the supply of Over-the-Counter Medicines is to be carried out.

iii) Only Over-the-Counter Medicines are permitted to be stocked and supplied from the approved location.

iv) The supply of Over-the-Counter Medicines by RETAIL only.

The licence is therefore meant for holders to provide some restricted level of pharmaceutical services.

2. APPLICANT

The applicant shall:

i) be a citizen of Ghana.

ii) be of good character.

iii) be medically and mentally fit.

iv) have at least GCE O’ Level, SSS certificate or its equivalent.

v) not be a recognised prescriber as defined by the Health Professions Regulatory Bodies Act, 2013 (Act 857).

vi) not be in active employment.
3. APPLICATION

An application shall be made by duly filling and submitting the prescribed application form. The form has three (3) sections:

1. Personal Data.
2. Location Details.
3. Referee’s Declaration.

The prospective applicant shall affix a recent passport size photograph, showing clearly the facial features of the applicant on a white background. The photograph must be certified by the referee who endorses the referee’s declaration form.

4. SUBMISSION OF APPLICATION

The completed application form shall be submitted with a duplicate copy to the office of the Pharmacy Council in the region where the applicant intends to operate upon payment of non-refundable approved fee.

The following documents shall be attached to the application:

i) A STATUTORY DECLARATION indicating nationality, age, place of birth, names of parents, residential address, qualification, work experience and evidence that the applicant has no criminal record.

ii) CERTIFIED TRUE COPIES OF CERTIFICATES OF EDUCATIONAL QUALIFICATION(S)
5 LOCATION CLEARANCE

Upon receipt of application the proposed location SHALL BE INSPECTED and its suitability or otherwise for grant of licence shall depend, but not limited to the following:

a) Areas which are sufficiently served by existing pharmaceutical facilities shall not be granted, especially in the city of ACCRA and other Regional Capitals.

b) District centres and other towns where facilities are inadequate, proposed location should not be less than 1 km (by radius) from the nearest pharmacy or Over-the-Counter Medicines Practitioner’s facility.

c) In villages and rural areas, other factors may be considered in determining the suitability of the proposed location.

d) The proposed location must be accessible to the public.

e) Should the proposed location be within a storey building, it should preferably be on the ground floor.

6. EXAMINATION / INTERVIEW

Shortlisted applicants shall be invited for an examination/ interview.

7. DECISION ON APPLICATION

Decision on the application shall be made by the Pharmacy Council and successful (as well as the unsuccessful) applicants shall be duly notified in writing.

PLEASE, DETACH GUIDELINES AND SUBMIT APPLICATION (DULY FILLED FORM)