

# PHARMACY COUNCIL



## APPLICATION FOR APPROVAL AS A PROVIDER OF PHARMACY EDUCATION & TRAINING

I/We hereby declare that education and training intended to be offered in relation to stated pharmacy qualification(s) will be carried out in accordance with conditions determined by the Council.

I/We hereby agree that any proposals or claims made in this application may be monitored at anytime.

### SECTION A. PARTICULARS OF THE APPLICANT

1. Name of prospective provider (*University, institution, organization, person*). .....
2. Postal address: .....
3. Physical address: .....  
Website, Email, Phone, Fax: .....
4. Responsible/contact person (*name, qualifications, title, phone etc.*)  
.....
5. Type of course offered (*Please tick that applicable*)
 

(i) B. Pharm	<input type="checkbox"/>
(ii) Diploma in Pharmacy	<input type="checkbox"/>
(iii) Certificate in pharmacy	<input type="checkbox"/>
(iv) Basic Technician Certificate	<input type="checkbox"/>
(v) CPD Program	<input type="checkbox"/>
(vi) Any other .....	

**SECTION B: PHARMACY TRAINING STANDARDS** *(Please tick where appropriate)*

6. Is the person/institution registered with the National Council for Technical Education (NACTE) or Tanzania Commission of Universities (TCU)?

Yes  No

If **yes**, please supply the evidence

**Comment:**.....  
.....

7. Presence of a compounding laboratories for practical training?

Yes  No

**Comments:**.....  
.....

8. Presence of a library with adequate and sufficient pharmacy reference books?

Yes  No

**Comment:**.....  
.....

9. Presence of classrooms for pharmacy training?

Yes  No

How many do you have? -----

**Comment:**.....  
.....

10. Availability of MOU between institutions and areas for field work/practical attachment (community, industrial, hospital, research etc)

Yes  No

**Comments:**.....  
.....

**SECTION C: DOCUMENTS TO BE SUBMITTED**

<b>No.</b>	<b><i>Documents to be submitted</i></b>	<b><i>Original</i></b>	<b><i>Copy</i></b>
1.	A copy of Institutional Strategic Plan		
2.	A copy of Institution almanac		
3.	List of pharmacy staff including (full time, part time, supporting staff) with valid contracts, commitment letters, academic qualifications and CV		
4.	List of key pharmacy reference books available ( <i>specific to the pharmacy programme</i> )		
5.	List of equipments and reagents for pharmacy compounding laboratory		
6.	MOU between the institution and areas of field work/practical attachment (community, industrial, hospital, research etc) for which your school will use for teaching purposes		
7.	Evidence of payment of inspection fee of <b>1,500,000/=</b> which is subject to change depending on number of visits		

**SECTION D: DECLARATION BY APPLICANT**

I, the above applicant, declare that, the information furnished herewith is true and correct.

Applicant Signature and Stamp .....Date .....