



THE UNITED REPUBLIC OF TANZANIA

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**THE PHARMACY (PROCEDURES FOR  
CONDUCTING INQUIRY, CODE OF ETHICS AND  
PROFESSIONAL CONDUCT) REGULATIONS, 2009**  
[GN. No. 42 OF 13/2/2009]

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**THE PHARMACY (REGISTRATION  
OF FOREIGN PHARMACISTS)  
REGULATIONS, 2009**  
[G.N. No. 43 OF 13/2/2009]

(c) .....  
(d) .....

Therefore you are required to answer in writing to the Council in respect of the above charges by  
.....

Date: .....

Registrar

Dar es Salaam,  
26<sup>th</sup> January, 2009

DAVID H. MWAKYUSA,  
Minister for Health and Social Welfare

GOVERNMENT NOTICE No. 43 published on 13/02/2009

THE PHARMACY ACT,  
(CAP. 311)

REGULATIONS

(Made under section 38)

THE PHARMACY (REGISTRATION OF FOREIGN PHARMACISTS) REGULATIONS,  
2009

PART I  
PRELIMINARY PROVISIONS

1. These Regulations may be cited as the Pharmacy (Registration of Foreign Pharmacists) Regulations, 2009, and shall come into operation on the date of publication.

Citation

2. In these Regulations, unless the context otherwise requires:  
“Act” means the Pharmacy Act;  
“Council” means the Pharmacy Council established by section 3 of the Act;  
“Committee” means a Committee established under regulation 7 of these Regulations;

Interpre-  
tation  
Cap. 311

“foreign Pharmacist” means a person who is not ordinarily a citizen of Tanzania, and is pharmacist wishing to be registered in Tanzania;  
“Registrar” means the Registrar of the Council appointed under section 11 of the Act.

## PART II

### APPLICATION AND REGISTRATION OF FOREIGN PHARMACISTS

Restric-  
tion to  
carry out  
pharma-  
cists  
business

3.—(1) No person who is a foreign pharmacist shall be allowed or permitted to deal in any manner with pharmaceuticals and poisons, or to carry on business in any other way as a pharmacist in Tanzania unless he is registered by the Council or he is undertaking an approved pre-registration employment training under regulation 13.

(2) Any person who willfully or knowingly carries out the business of a pharmacist without being registered with the Council commits an offence.

Qualifica-  
tion for  
registra-  
tion

4. A person who is a foreign pharmacist shall be eligible to apply for registration if he—

- (a) has completed a pharmacy course, which is comparable with Tanzania pharmacy degree;
- (b) has equivalent education or gratification for the purposes or being registered in the United Republic of Tanzania.

Applica-  
tion for  
registra-  
tion

5.—(1) A foreign pharmacist who wishes to practice in Tanzania as a pharmacist shall be required to submit to the Registrar an application for registration in the form prescribed in the Second Schedule to these Regulations.

(2) Any person who makes an application for registration under this regulation shall submit a written document stating reasons for requiring registration as a pharmacist in Tanzania.

(3) Every application for registration made under sub-regulation (1), shall be accompanied by an application fee specified in the First Schedule.

Docu-  
ments  
required  
for  
applica-  
tion

6.—(1) An application for registration made under regulation 5 shall, in addition to the requirements set out under that regulation be accompanied with such documents as follows, namely—

- (a) the original or a certified copy of certificate of the applicant's degree in pharmacy;
- (b) a copy of current curriculum vitae including details, with dates and evidence of—
  - (i) having completed at least twelve months of practical training outside as approved by a recognized registration authority or inside Tanzania as approved by the Pharmacy Council;
  - (ii) pharmaceutical experience since registration.
- (c) a certified copy of identity document, passport and birth certificate of the applicant;
- (d) two recent passport type photographs endorsed at the back by an authorized person as a true likeness of the applicant;
- (e) a full transcript of academic record certified by the Registrar of the University or Academic body concerned;
- (f) a certified copy of certificate of registration as pharmacist outside Tanzania; and
- (g) a letter from applicant's registration authority or body that grants license to practice as a pharmacist in the applicant's country of origin which states that the applicant is registered and is in good standing with that authority or body and that there is no adverse information known about the applicant.

(2) Notwithstanding the provisions of sub-regulation (1), the Pharmacy Council may at anytime request any additional documents from the applicant.

7.—(1) There shall be established by the Registrar a Committee to be known as the Registration of the Foreign Pharmacists Committee.

(2) The Committee shall be responsible for scrutinizing applicant's application for registration in accordance with these Regulations.

Registrat  
ion of  
Foreign  
Pharma-  
cist  
Commit-  
tee

(3) The Committee shall consists of the following—

- (a) a pharmacist;
- (b) a pharmacologist;
- (c) a pharmaceutical academician;
- (d) a microbiologist;
- (e) a physician; and
- (f) a Chairman of Pharmaceutical Society of Tanzania.

*Pharmacy (Registration of Foreign Pharmacists)*

*G. N. No. 43 (contd.)*

(3) The Committee appointed under sub-regulation (1), shall have power to regulate its own procedures in respect to interviews and the proper conduct of its business.

Function  
of the  
Commit-  
tee

8. The functions of the Committee shall be to establish—
- (a) whether or not the applicant academic qualifications is comparable with Tanzania Pharmacy Degree Courses;
  - (b) whether the content and standard of the courses and examination in pharmacy taken by the applicant is acceptable in relation to the current practice in Tanzania; and
  - (c) the applicant's knowledge in relation to current practice in Tanzania

Prelimi-  
nary  
consider-  
ation

9.—(1) The Registrar shall, as soon as practicable after receiving the applicant's application documents arrange for preliminary consideration of such application.

(2) The Committee shall carry out the preliminary consideration of every applicant's application.

(3) Upon scrutinizing the applicant's application the Committee shall prepare report with its recommendation and submit to the Registrar.

(4) If the Registrar is satisfied, upon recommendation by the Committee that the applicant has complied with the requirements set out under regulation 8, he shall proceed to register such applicant.

(5) Where the Registrar is dissatisfied with the recommendation by the Committee that the applicant has insufficient recent practice experience within the preceding ten to fifteen years, he shall reject the applicant's application. Prepare a report together with his recommendation and submit to the Council.

Interview

10.—(1) Where the Committee cannot establish whether the applicant's course is comparable with the Tanzania Pharmacy Degree Course or the content and standard of his course and examination in pharmacy is acceptable in relation to current practice in Tanzania, the Committee may invite the applicant to a formal interview where he shall be required to satisfy the Committee in the following—

- (a) general pharmaceutical knowledge as it relates to the course and examination taken; and in particular the applicant's knowledge about formulation, pharmacy practice, medicinal chemistry, pharmacology, therapeutics, dispensing and any other subject studied in the pharmacy course such as community or hospital pharmacy;
- (b) applicant's knowledge of pharmacy as practiced in Tanzania to determine whether the applicant's knowledge of pharmacy practice gained in a foreign country equates to be current pharmacy practice in Tanzania.

(2) Every interview under this regulation shall be conducted on payment of a fee prescribed in First Schedule.

(3) The applicant who passes the interview under sub-regulation (1) shall be permitted to proceed with other requirements as provided for under regulation 11 and 14.

(4) Where the applicant fails to satisfy the Committee in areas prescribed under sub-regulation (1), his application for registration shall be rejected, and he shall not be entitled to a second interview.

11.—(1) The applicant, whose application is rejected under regulation 10 (4), may be required to sit for a foreign pharmacist examination.

Foreign  
pharmac-  
ist  
examina-  
tion

(2) The Registrar shall, where the applicant has passed the foreign pharmacist examination conducted under this Regulation, proceed to consider such application for registration.

12.—(1) The applicant who fails the examination for foreign pharmacist may be:

Failure of  
the exam  
for  
foreign  
pharmac-  
ist

- (a) permitted to re-sit an examination or all examinations;
- (b) required to undertake the foreign pharmacist examination one year course.

(2) Every person required to re-sit an examination or all examinations under this regulation, shall be required to pay fee as specified in the First Schedule.

(3) A person who fails the examination for foreign pharmacist after undertaking a one year course shall, be rejected from further pursuing his desire to be registered as a pharmacist in Tanzania.

Internship

13.—(1) No person other than a person granted a waiver under regulation 15 shall be registered as a pharmacist unless he completes a twelve months internship in approved pre-registration employment training centres.

(2) A person who carries out an approved pre-registration employment training shall work under the supervision of a registered pharmacist and shall undertake internship in a hospital or community pharmacy.

(3) Notwithstanding the provisions of sub-regulation (2), the pre-registration employment training may be carried out in not more than six months in a hospital and in a pharmaceutical industry or community pharmacy in the other six months.

Minimum  
internship  
require-  
ment

14.—(1) Any person who is not entitled to be registered by reasons only of the fact that, he has not complied with the additional requirement relating to the acquisition of practical experience shall, upon application in the prescribed manner that he has secured an offer to practice training in the public service or a person approved by the Council for purposes of complying with the additional requirement of practical training be issued with a provisional registration to enable him undertake internship.

(2) A person issued with the Provisional Registration shall be required to fill the application forms accompanied with the fees specified in the First Schedule.

Waiver of  
internship

15.—(1) The Council may upon a recommendation by the Committee after conduction of preliminary consideration or interview grant a waiver of internship if—

- (a) the applicant is requesting for temporary registration for specific assignment in Tanzania as stipulated in section 17 of the Act;
- (b) the Committee is satisfied that the applicant has sufficient practical experience prior to his application;

(2) The Registrar shall, where the Council grants a waiver to the applicant, issue a letter to the applicant notifying him on the waiver granted to him.

(3) For purposes of this Regulation "specific assignment" includes research or short term consultancy.

(4) The forms and fees for Temporary Registration shall be as prescribed in the First and Second Schedules under these Regulations.

16.-(1) Every foreign pharmacist other than those applying for temporary registration for specific assignment shall be subject to fulfillment of the requirement of passing the forensic pharmacy examination.

Foreign  
pharmacy  
examina-  
tion

(2) No forensic pharmacy examination shall be carried out unless the applicant has applied for such examination, completed twelve months of internship and paid the fee specified in the First Schedule.

(3) The period of sitting for forensic pharmacy examination shall be in the month of March or October of each year.

17. The format of the forensic pharmacy examination shall be as determined from time to time by the Council.

Format of  
the  
examina-  
tion

18. The forensic pharmacy examination shall include such materials as follows-

Syllabus  
for the  
forensic  
examina-  
tion  
Cap. 311  
Cap. 95

- (a) the Pharmacy Act;
- (b) the Regulations and guidelines made under the Pharmacy Act;
- (c) the Drug and Prevention of Illicit Traffic in Drugs Act;
- (d) the International Conventions on Narcotic Drugs and Psychotropic Substances ratified by the United Republic of Tanzania; and
- (e) any other relevant material which the Council may determine.

19. The forensic pharmacy examination shall be conducted in the following centres, namely:-

Forensic  
pharmacy  
examina-  
tion  
centres

- (a) the Pharmacy Council situated in Dar es Salaam;
- (b) the Kilimanjaro Christian Medical Centre (KCMC) situated in Moshi;



*Pharmacy (Registration of Foreign Pharmacists)*

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- (c) the Bugando Medical Centre situated in Mwanza;
- (d) the Mbeya Referral Hospital situated in Mbeya; and
- (e) any other place or centre as may be determined by the Council.

Lamina-  
tion of  
forensic  
pharm-  
acy  
examina-  
tion

20. (1) Where the applicant fails the forensic pharmacy examination in the first sitting he may upon payment of the fee prescribed in the First Schedule be allowed to sit for such examination for other two attempts, subject to the approval of the Council.

(2) If the applicant fails the forensic pharmacy examination in the three attempts he shall be required to undertake a six months additional pharmacy training before he sits the examination for the fourth and final time.

(3) The applicant who sits for forensic pharmacy examination pursuant to sub-regulation (1) and (2) shall be required to complete all his attempts within a period of two years.

Registra-  
tion  
process

21.-(1) Upon completion of the internship and passing the forensic pharmacy examination, the applicant shall within a period of six months submit his application for registration to the Registrar.

(2) Upon receipt of the applicant's application under this regulation, the Registrar shall scrutinize such application together with the Committees findings and prepare a recommendation thereof to be submitted to the Council

(3) Where the applicant has satisfied the Council on the requirements set out under regulations 13 and 16 and the Council has accepted the applicants registration as a pharmacist, the Registrar shall proceed to register him in the manner prescribed under section 15 of the Act.

(4) Where the applicant has successful filled the application forms, he shall be required to register with the Register.

(5) The applicant shall be required to pay the prescribed fee for registration as stipulated in the First Schedule.

(6) The forms of applications and the Certificate to be issued by the Council shall be in the forms prescribed under the Second Schedule.

22. Where the applicant after the completion of the requirement for registration does not pursue the process of registering himself as a pharmacist within two years without reasonable cause, he shall be time barred from continuing with registration process, and shall be required to make a new application to the Registrar.

Period  
for  
process-  
ing  
registra-  
tion

23. In order to practice pharmacy in Tanzania the applicant shall be required to have a satisfactory knowledge of English language, and may be required to use Kiswahili language in universal communication.

Language

### PART III

#### IMMIGRATION STATUS

24. A person issued with a registration certificate under these Regulations shall not be precluded from securing immigration status to enable him work in Tanzania as required by the law.

Immigra-  
tion  
require-  
ments

### PART IV

#### MISCELLANEOUS PROVISIONS

25. Any person who

Offences

- (a) procures or attempts to procure registration by making or producing any false or fraudulent statement or document;
- (b) deliberately makes or causes to be made any falsification in any matter relating to registration;
- (c) assists or aids any other person to be registered illegally; commits an offence.

26. Any person who commits an offence under these Regulations shall be liable on conviction to a fine not exceeding one million shillings or imprisonment to a term not exceeding six months or to both fine and imprisonment.

General  
penalty

*Pharmacy (Registration of Foreign Pharmacists)*

G. N. No 43 2009

FIRST SCHEDULE

FEEs FOR REGISTRATION OF FOREIGN PHARMACIST  
(Regulation 5 (3), 10 (2), 12 (2), 14 (2), 15 (4), 16 (2) and 20 (1))

GN 298/2012  
of  
21/09/2012

<i>No.</i>	<i>Items</i>	<i>Fee</i>
1	Application	US\$ 200
2	Interview	US\$ 300
3	Forensic pharmacy examination	US\$ 300
4	Provisional registration	US\$ 600
5	Temporary registration	US\$ 1,000
6	Re-sitting forensic pharmacy examination	US\$ 500
7	Professional examination per paper	US\$ 150
8	Re-sitting professional examination per paper	US\$ 150
9	Registration of foreign pharmacist (payable with duly completed application form)	US\$ 2,500
10	Retention	US\$ 1,500
11	Any other matter which is not covered hereinabove	US\$ 500

PCF 1



SECOND SCHEDULE

THE UNITED REPUBLIC OF TANZANIA

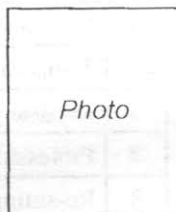
MINISTRY OF HEALTH AND SOCIAL WELFARE

Telephone: 255 22 2451007

Fax No: 255 22 2451007

**THE PHARMACY COUNCIL**

The Registrar,  
Pharmacy Council  
P. O. Box 31818,  
Dar es Salaam.



APPLICATION FORM FOR REGISTRATION AS A FOREIGN PHARMACIST  
(FULL/TEMPORARY REGISTRATION)  
(Made under Regulations 5(1), 15(4) and 22)

1. Full Name: (Indicate Mr./Mrs./Miss:)
2. Marital Status: Single/Married
3. Address:
4. Date and Place of Birth
5. Nationality
6. University from which degree was obtained and a title of degree
7. Date degree/degrees was commenced and completed:  
Commenced: \_\_\_\_\_ Completed: \_\_\_\_\_
8. Date You First Registered and Acquired Right to Practice as a Pharmacist in your Country and Registration Number:  
Date: \_\_\_\_\_ Registration Number: \_\_\_\_\_
9. Any Convictions Received in Tanzania or any Other Country:
10. Types of Registration-  
\*(a) Full Registration; or  
(b) Temporary Registration
11. Reasons for Registration:

## *Pharmacy (Registration of Foreign Pharmacists)*

G. N. No. 43 (contd.)

12. The Institute he has worked with:
13. Two referees:
14. Applicant Personal Details (CVs).

\*delete which is inapplicable.

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION PROVIDED IS CORRECT.

SIGNATURE: ..... DATE: .....

N.B: IF ONE WISHES TO PROVIDE ANY ADDITIONAL INFORMATION PLEASE DO SO OVERLEAF.

### **STATUTORY DECLARATION**

I, ..... of  
(address) .....  
..... With a pharmacy degree from .....  
(place)

Gained in ..... (year)

And registered as a pharmacist/eligible to register as a pharmacist (delete the appropriate) in ..... (country do solemnly and sincerely declared that I am the person referred to in the documents which accompany this declaration and I made this solemn declaration conscientiously believing the same to be true and by virtue of the statutory declaration.

Declared at ..... this ..... day of ..... year .....

Signature of applicant: .....

Before me: .....

Name and address of solicitor .....

Signature: .....

Qualification: .....

Official stamp: .....

PCF 2



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH AND SOCIAL WELFARE

Telephone: 255 22 2451007

Fax No: 255 22 2451007

**THE PHARMACY COUNCIL**

The Registrar,  
Pharmacy Council  
P. O. Box 31818,  
Dar es Salaam.



**APPLICATION FOR PROVISIONAL REGISTRATION**  
(Under S. 16 of the Pharmacy Act, Cap 311)

**PART I**

*(To be completed by the applicant)*

1. Last Name: .....
- First Name: .....
- Other Names: .....
2. Date of Birth: .....
3. Marital status: ....., Gender: Male ☐ Female ☐
4. Nationality: .....
5. Address:
  - (a) Permanent: .....
  - .....
  - .....
  - (b) Temporary: .....
  - .....
  - .....
  - (c) Telephone No: .....
6. Qualification: .....
7. Awarding Authority/University .....
8. Year of award: .....

I hereby apply for provisional registration with the Pharmacy Council

.....  
*Signature of Applicant*

.....  
*Date*

## Pharmacy (Registration of Foreign Pharmacists)

G. N. No. 43 (contd.)

### PART II Statutory Declaration

I, ..... Do solemnly swear/affirm as follows:

1. That I attended training and attained the qualification stated hereunder.

Training institution	Course Pursued	Duration of Training	Qualification attained

2. That I have worked in the following places since qualifying.

No.	Name of Institution	Address
1.		
2.		
3.		
4.		

3. That the attached Certified copies of documents relating to my training (degree, certificate, diploma etc) are true copies of the original

1.	
2.	
3.	
4.	
5.	

4. And solemnly make this declaration, conscientiously believing the same to be true and I am aware that false statement may lead to legal action taken against me.

.....  
Signature

.....  
Date

*This form is to be submitted with the following:-*

1. Certified copy of qualifying diploma/degree (Letter from Registrar)
2. Certificates of Secondary Education
3. Birth Certificate
4. Two passport size photograph
5. A non-refundable application fee of Tsh. 75,000/=

*NOTE: Documents which are not in English Language must be interpreted by a recognized authority and attached to the documents of the original language.*

*Pharmacy (Registration of Foreign Pharmacists)*

G N. No. 43 (contd.)

**PART III**  
*(For Official use only)*

**DECISION:**

This application has been approved/rejected for the following reasons:

.....  
.....  
.....  
.....

.....  
Registrar

.....  
Date



PCF 3

Photo

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH AND SOCIAL WELFARE

**THE PHARMACY COUNCIL**

**CERTIFICATE OF FULL REGISTRATION FOR FOREIGN PHARMACIST**

*(Made under Regulation 21(4) and Section 15 of the Pharmacy Act, Cap 311)*

Full Name .....

\*I hereby certify that the following is a true extract from the entry in the Register relating to fully registered Pharmacist details in respect of whom are set out below.

Registration		Date of birth	Nationality	Address	Qualification	Place and Date of Qualification
No.	Date					

Date .....

.....  
Registrar



## Pharmacy (Registration of Foreign Pharmacists)

G. N. No. 43 (contd.)

**NOTES:** (1) This certificate affords immediate evidence of registration. In due courses the name of the Pharmacist will be published in the list of Pharmacists annually by the Council: and reference should thereafter be made to the current Published list for evidence as to continue to be registered.

(2) This Certificate is not an evidence of the identify of its holder of the named above a must not be used as such.



PCF 4

Photo

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH AND SOCIAL WELFARE

THE PHARMACY COUNCIL

### CERTIFICATE OF PROVISIONAL REGISTRATION

(Made under Regulations 14, 21(4) and Section 16 of the Pharmacy Act, Cap 311)

Full Name .....

\*I hereby certify that the following is a true extract from the entry in the Register relating to provisional registered.

Pharmacist details in respect of who are set out below.

Registration		Date of birth	Nationality	Address	Qualification	Place and Date of Qualification
No.	Date					

Date .....

Registrar

**NOTES:** (1) This Certificate is not an evidence of the Identity of its holder of the named above a must not be used as such.

Official stamp



PCF 5

Photo

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH AND SOCIAL WELFARE

**THE PHARMACY COUNCIL  
CERTIFICATE OF TEMPORARY REGISTRATION**

*(Made under Regulations 14, 21(4) and Section 16 of the Pharmacy Act, Cap 311)*

Full Name .....

\*I hereby certify that the following is a true extract from the entry in the Register relating to provisional registered.

Pharmacist details in respect of who are set out below.

Registration		Date of birth	Nationality	Address	Qualification	Place and Date of Qualification
No.	Date					

Date .....

Registrar

*Pharmacy (Registration of Foreign Pharmacists)*

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G. N. No. 43 (contd.)

NOTES: (1) This Certificate is not an evidence of the Identity of its holder of the named above a must not be used as such.

Official stamp

Dar es Salaam,  
26<sup>th</sup> January, 2009

DAVID H. MWAKYUSA,  
*Minister for Health and Social Welfare*