

**NAMIBIA MEDICINES REGULATORY COUNCIL**



**MINISTRY OF HEALTH AND SOCIAL SERVICES**

**APPLICATION FOR LICENCE IN TERMS OF SECTION 31(1), (2) OR (3) OF  
THE ACT  
(Regulation 34(1))**

TO:

The Registrar of Medicines  
Namibia Medicines Regulatory Council  
Ministry of Health and Social Services  
Private Bag 13198  
WINDHOEK

A. General Information:

1. Name of applicant: .....
2. Qualifications of applicant: .....
3. Postal address of applicant: .....
4. Telephone No.: ..... Fax No: .....  
E-mail address: .....
5. Residential address of applicant: .....  
.....  
.....  
.....

6. State whether the type of licence applied for is under section 31(1), (2) or (3) of the Medicines and Related Substances Control Act, 2003):

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B. Please attach the following:

1. Certified copies of certificates of qualification.
2. Certificate of current registration with the relevant professional Council.
3. Licence issued according to Hospitals and Health Facilities Act, 1994
4. Motivation as to the need to for the licence concerned.

C. Other information:

1.1 Physical address of premises where the applicant intends to store, compound, and dispense medicines: .....

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1.2 Area in Namibia within which the applicant intends to perform his or her service (for example, municipality, town, village, settlement area, rural area):

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1.3 State the number and distances of other health service providers closest to the health facility or proposed health facility

- a. Community Pharmacies  
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- b. Medical practitioners consulting rooms  
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- c. Hospitals  
.....
- d. Primary Health Care Clinics / State Clinics

2. Catchment area to be served by the applicant:  
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.....  
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3. Estimated population in the geographical area: .....

D Additional qualifications to support provision of the health service applied for, for example:  
Dispensing course for doctors  
Dispensing course for nurses  
A course in diagnoses for nurses and pharmacists  
Etc

E Is there a provision to keep sales records either in hard copy or electronically relating to scheduled medicines and scheduled substances (prescription book).

F Is there provision for typing the prescribed information on labels to be used for dispensed medicines?

G Is there provision for keeping expired scheduled medicines and scheduled substances at the premises according to the prescribed conditions before disposal?

4. Particulars of the premises

	YES	NO	FOR OFFICIAL USE ONLY
1. Is the dispensary in a separate area?			
2. Is there a facility for washing hands in the dispensary?			
3. Is there a facility for cleaning equipment in the dispensary?			
4. Is there a facility to keep the temperature in the dispensary at or below 25°C?			
5. Is there a suitable means of counting tablets and capsules?			
6. Is there available a suitable range of dispensing containers for medicinal products?			
7. Is a suitable and adequate means of waste disposal available?			
8. Is a fridge for heat sensitive pharmaceuticals and vaccines available?			
9. Are security measures in place to prevent unauthorized entry?			
10. Are all working surfaces finished with a smooth impermeable and washable material?			
11. Is there sufficient and adequate lighting?			
12. Is the floor surface of impermeable material?			
13. Are all scheduled medicines stored / displayed in areas inaccessible to the public?			
14. Are all cupboards and shelves finished with a smooth impermeable and washable material?			
15. Is the dispensary separate from the patient examination room?			
16. Are unauthorized/unqualified personnel/persons denied access to the dispensary?			

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**Signature of applicant**

.....  
**Date**