

# PHARMACY & DRUGS ACT

## The Pharmacy and Drugs (Issuance of Certificate of practice) Byelaws (Under Section 22 (1)(3)(a) of the Act)

### 1. Citation

These bye laws may be cited as Pharmacy and Drugs (Issuance of Certificate of practice) Byelaws 2025.

### 2. Interpretation

In this instrument, unless the context otherwise requires-

- “Act” means the Pharmacy and Drugs Act, Cap 309 Laws of Uganda Edition 2024;
- “active member” means a member under the Act who is fully subscribed, holds valid annual membership certificate and a certificate of practice as pharmacist in Uganda; and is engaged or legible to be engaged in pharmacy practice approved by the Council;
- “Certificate of practice” means a certificate issued by the Council under these byelaws;
- “council” means Council of the Pharmaceutical Society of Uganda established under section 20 of the Act;
- “member” means member admitted into the society under sections 8 and 9 of the Act;
- “pharmacy practice” means practice of a pharmacist in areas of pharmacy recognized by the International Pharmaceutical Federation and approved by the Council;
- “pharmacist” means pharmacist registered under section 14 of the Act; and
- “society” means the Pharmaceutical Society of Uganda (PSU) established under Section 6 of the Act

### 3. Issuance of certificates of practice

- (1) The Council shall issue certificates of practice to all registered pharmacists who are fully subscribed members of the Society to be legible to practice pharmacy in Uganda.
- (2) A member shall submit an application to the Council for issuance of a certificate of practice in the form set out in the First Schedule to these byelaws.
- (3) Certificates of practice issued under byelaw 3(1) above shall be operational for the calendar year for which they are issued and only for the period indicated thereon.
- (4) All applicants for issuance of certificates of practice shall provide evidence of attaining minimum hours of Continuous Professional Development (CPD) during the course of the year as shall be prescribed by the council from time to time.
- (5) The Secretary of the society shall verify the information in the application form prior to the issuance of certificate of practice to the applicant.
- (6) A certificate of practice issued to the applicant shall be in the format as provided under the second schedule of these byelaws.
- (7) Any person who engages in pharmacy practice holding out as a pharmacist without a valid certificate of practice issued by the Council under this bye law commits an offense and is liable to the following punishments \_
  - (a) In case of member of the Society under section 8 of the Act, suspension of membership from the Society for a period not exceeding twenty-four months, and;
  - (b) In case of non-member of the society, imprisonment for a term not exceeding three years, payment of fine not exceeding one thousand currency points or both.

#### **4. Temporary pharmacy practice**

- (1) A Pharmacist registered in any foreign country may apply to the Council for a temporary practicing certificate for the following purposes –
  - (a) further training in the field of pharmacy that involves patients, pharmaceutical manufacturing or quality assurance in a pharmaceutical industry in Uganda;
  - (b) voluntary work as a pharmacist in Uganda;
  - (c) skills transfer; or
  - (d) other purpose as may be approved by the council from time to time and for a limited duration.
- (2) The applicant for temporary pharmacy practice certificate shall-
  - (a) use the temporary certificate only for the approved purpose and shall not engage in carrying on or supervising any pharmaceutical activities to wit pharmaceutical dispensing, supply, importation, exportation, quality assurance, manufacturing or any pharmaceutical regulatory work, and ;
  - (b) carry out the approved purpose of the issued certificate of temporary practice under the supervision of a duly registered Pharmacist in Uganda.
- (3) The requirements for issuance of temporary pharmacy practice shall be as set out under the third schedule to these byelaws.
- (4) An application for temporary pharmacy practice certificate shall be made in prescribed form as provided under the Fourth schedule of these byelaws.
- (5) A temporary pharmacy practice certificate shall be in the format as provided under Fifth schedule of these byelaws.
- (6) Any pharmacist registered in a foreign country who engages in pharmacy practice in Uganda without a temporary certificate of practice issued under this bye law commits an offense and is liable to imprisonment for a term not exceeding five years, payment of fine not exceeding two thousand currency points or both.

#### **5. Change over at Pharmacist practice setting**

- (1) Where change in Pharmacist has occurred at pharmacist practice setting, it shall be the responsibility of the outgoing pharmacist to notify the council about such changes within a period of not more than Fourteen working days.
- (2) Both the outgoing and in coming pharmacist shall fill and sign the changeover forms, that shall be attached alongside the application for issuance of certificate of practice in order to ensure a professional handover.
- (3) In case of refusal, delay or non-cooperation by any of the pharmacists in processing the change over form, a written explanation by any of the pharmacists shall be furnished to the Secretary to the Council within a period not exceeding seven days.
- (4) For change in Pharmacy name during the course of the year, fresh applications shall be made with along with payment of fees prescribed by the Council.
- (5) The changeover forms shall be in the format as prescribed under the sixth schedule of these byelaws.
- (6) Any pharmacist who engages in pharmacy practice without adhering to the requirements of change over at the pharmacy practice setting under this bye law commits an offense and is liable to suspension from membership of the society for a period not exceeding six month.

## **6. Due diligence and Attendance hours for practice purposes**

- (1) a pharmacist shall exercise due diligence while carrying out his/ her professional duties.
- (2) a pharmacist at a named practice setting shall clearly indicate time of attendance at the practice setting in the commitment letter of the Pharmacist to ensure effective supervision.
- (3) The pharmacist and management at the intended pharmacy practice settings shall include the hours of attendance in the contract executed between them.
- (4) Where the pharmacist is absent at his/ her place of practice, another qualified pharmacist should be available to fill up the gap.
- (5) Pharmacist shall be required to provide a notification to management about his/ her absence from the practice setting
- (6) A Pharmacist shall not be absent from his/her practice setting for a period of more than one month without a reasonable ground to the satisfaction of the Council.
- (7) Any pharmacist who-
  - (a) acts without due diligence, or
  - (b) does not adhere to the requirements of attendance hours at the pharmacy practice setting under this bye law commits an offense and is liable to suspension from membership of the society for a period not exceeding twelve months.
  
- 8) Any person who obstructs or frustrates the pharmacist from performing his duties commits an offence and is liable to imprisonment for term not exceeding five years or payment of a fine not exceeding three thousand currency points or both.

## **7. Providing false information to the Council prohibited**

- (1) A pharmacist shall not provide false or misleading information to the Council regarding any aspect of the practice at the stated premise(s) of operation
- (2) Any person who with knowledge provides falsified or misleading information to the Council shall be summoned by the secretary to appear before the Ethics committee of the society within a period of no more than six weeks from the commission of the offence.

## **8. Replacement of Certificate of Practice**

- (1) In the event of application for a replacement of a Certificate of Practice during relocation, changeover or loss, a new application shall be made.
- (2) Where the certificate is lost, the Pharmacist shall, in writing, inform the Council of the loss of the Certificate, stating the serial number and attaching a police letter within a period of no more than fourteen days from date of loss of the certificate.
- (3) Save for just causes communicated to the applicant, an applicant for replacement of certificate of practice shall be issued with another certificate within a period of not more than fourteen working days from date of receipt of new application.

## **9. Time Frame for issuance of Certificate of practice, site verification and collection of certificates**

- (1) Certificates of Practice will be ready for collection after seven working days following submission of completed applications to the secretary of the Society.
- (2) A completed application form in 8(a) above refer to applications with the correct required information in all sections.
- (3) Forms submitted with incorrect or missing information shall be queried or rejected depending on the information provided.

- (4) For applications that the applicant intends to practice in a newly established community pharmacy setting or manufacturing facility, a site verification shall be conducted by the Council as applicable.
- (5) A pharmacist who made the application shall pick the certificate in person or delegate in writing an authorized person to pick the certificate who shall provide proof of identity to the issuing officer appointed or designated by the council for this purpose at the secretariat of the Society.

## **10. Scope of Supervision**

- a) Certificates of practice shall be issued to all pharmacists irrespective of the pharmacy practice setting.
- b) For avoidance of doubt, pharmacists in the following practice settings shall be issued with a certificate of practice
  - i. Pharmacists working in supervision of pharmaceutical outlets namely retail and wholesale pharmacies as well as pharmaceutical importers/Distributors and Exporters
  - ii. Pharmacists working in Education institutions that teach Pharmacy students at undergraduate and post graduate level.
  - iii. Pharmacists that work in private hospitals that are not internship centres
  - iv. Pharmacists that work in private hospitals that are internship centres
  - v. Pharmacists working in public hospitals that are internship training centers or potential internship training centres
  - vi. Pharmacists working in the Ministry of health headquarters/policy
  - vii. Pharmacists working in the Ministry of health under non-governmental organizations
  - viii. Pharmacists in National Drug Authority
  - ix. Pharmacists in National Medical stores
  - x. Pharmacists in Pharmaceutical Manufacturing facilities or working as Quality Assurance Pharmacists or authorized persons
  - xi. Pharmacists working in small scale industries
  - xii. Pharmacists working as medical representatives and those working as Production officers
  - xiii. Any other category of pharmacists as shall be specified by the Council from time to time
- c) The number of certificates issued to a pharmacist in each calendar year shall be defined by the council and adopted by the annual meeting or special general meeting of society from time to time.
- d) Where a member has more than one practice settings, the practice settings shall be in the same geographical region and not more than 30 km from each other.

## **11. Payment of fees**

- a) The applicant for certificate of practice shall be required to pay annual subscription fees and the application processing fee for issuance of certificate of practice prescribed by the Council.
- b) An application for practice in newly established pharmaceutical outlet or manufacturing facility shall be accompanied by site verification fee prescribed by the Council.
- c) An application for temporary pharmacy practice shall be accompanied by temporary society membership fees, information verification fees and any other fees prescribed by the Council.

## **12. Forgery of certificates of practice**

- (1) Where a member is suspected acting alone or with others to forge or having knowledge of forgery of a certificate of practice, the matter shall be handled by the ethics committee of the society.
- (2) The secretary of society shall receive the report of the ethics committee and present it to the council who shall consider the recommendations and make a decision on it.
- (3) Notwithstanding bye law 12(2) above, any member of society who forges a certificate of practice shall be handed over to the police for prosecution and it shall be the duty of the secretary to report such matter after council taking a decision on the it.

## **13. General Penalties for other violations where not specified**

Any violations of these byelaws where not specified may lead to -

- a) refusal to issue certificate of practice;
- b) Suspension of the issued certificate of practice;
- c) cancellation of certificate of practice;
- d) Report to other relevant authorities;
- e) suspension from membership of society for period of not more than twenty four months;
- f) revoking membership of the society;
- g) any other punishment prescribed by the council and adopted by the general meeting of the society.

## SCHEDULES

### FIRST SCHEDULE

Bye law 3(2)



### COUNCIL OF PHARMACEUTICAL SOCIETY OF UGANDA

#### APPLICATION FORM FOR PHARMACIST'S CERTIFICATE OF PRACTICE

(Under Sections 7, 8, 22(1)(3), 29 and 30 of The Pharmacy and Drugs Act CAP 309)

*(Fill all items on this form and append attachments wherever necessary.)*

*Print or use capital letters.*

Application No: \_\_\_\_\_

**Please duly complete this form. Incomplete applications with insufficient information will not be considered.**

1. Pharmacist's name \_\_\_\_\_
2. Registration number/year \_\_\_\_\_
3. Name of Company/Organization/Pharmacy where practice is intended to be carried out  
\_\_\_\_\_
4. Physical address of the premises where the practice is intended to be carried out  
\_\_\_\_\_  
\_\_\_\_\_
5. The Company/Pharmacy/Organization offers services of :

Category	Tick as applicable	Category	Tick as applicable
Retail		Regulatory	
Wholesale		NGO	
Wholesale and Retail		Private Hospital	
Small-scale manufacturing		Public Hospital	
Large scale manufacturing		Research/Academia	
Others		Medical representation	
No. of Employees in the Organization			

6. Category of Medicines being sold/distributed/Manufactured from the Facility  
(If applicable)

Human	
Veterinary	
Others(describe)	

7. Clearly state the working hours of the outlet /Organization

Continous Professional development attained during the course of the year (Minimum hours Attach copies of CPD certificates).

8. Are you satisfied with the premises, documentation, professional service delivery and personnel performance in the facility in which you are practicing in (Yes/No)? \_\_\_\_\_ If no what changes do you propose?

---

---

**I hereby certify that the information indicated is true and correct and do commit myself to securing the highest practicable Standards in the Practice of Pharmacy and compliance to the Pharmacist's oath and code of conduct for pharmacists at all times.**

Name of the Supervising/Practicing Pharmacist: \_\_\_\_\_

Date & Signature \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**For Official Use only**

- 1. Information verified : Yes  No
  - 2. Application approved : Yes  No
- If not approved reason

---

\_\_\_\_\_  
Secretary, Council of the Pharmaceutical society of Uganda

**COUNCIL OF PHARMACEUTICAL SOCIETY OF UGANDA**

**PHARMACIST’S CERTIFICATE OF PRACTICE\***

(Under Sections 6, 8, 22(1)(3), 29 and 30 of The Pharmacy and Drugs Act CAP 309)

**This is to certify that Dr/ Prof..... registration number  
..... is a subscribed member of the Pharmaceutical society of Uganda and  
is licensed to practice pharmacy at ..... in the year .....**

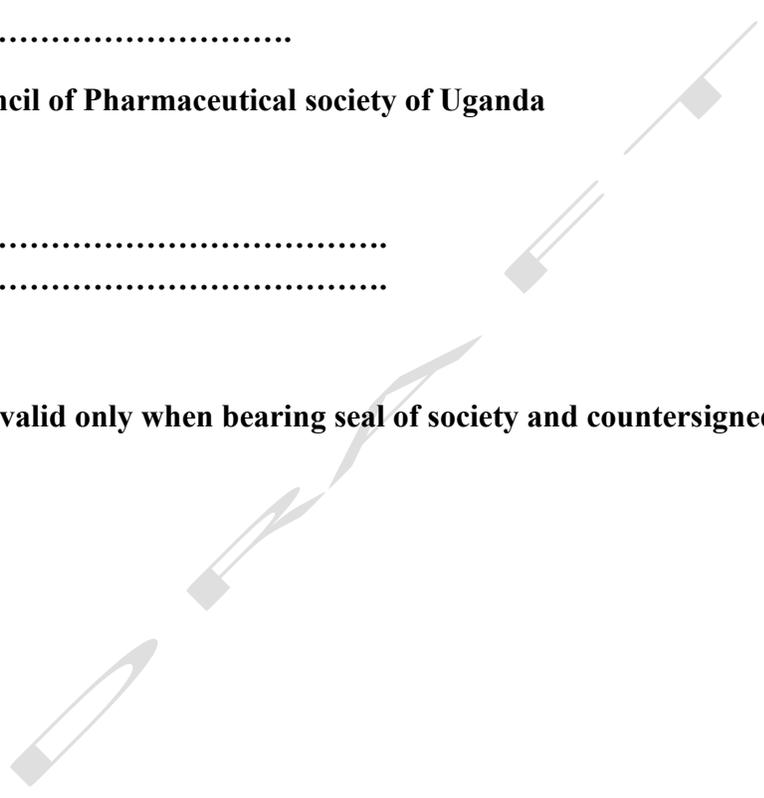
**Issued at .....this.....day of .....20.....  
.....**

**By Secretary, Council of Pharmaceutical society of Uganda**

**In presence of;**

1. ....
2. ....

**\*This certificate is valid only when bearing seal of society and countersigned as provided by the Act.**



**COUNCIL OF PHARMACEUTICAL SOCIETY OF UGANDA**

**REQUIREMENTS FOR TEMPORARY PHARMACY PRACTICE\***

(Under Section 22(1)(3), 29 and 30 of The Pharmacy and Drugs Act CAP 309)

1. All expatriate pharmacists shall possess temporary practicing certificate issued by the council to practice pharmacy/ work in pharmacy projects in Uganda.
2. Temporary pharmacy practice in Uganda by a foreign registered pharmacist shall not exceed period of three (3) months, renewable only once save in special circumstances approved by the Council.
3. An Applicant for temporary pharmacy practice certificate shall work under supervision of a registered national pharmacist.
4. Notwithstanding paragraph 3 above, where the national pharmacist is required to work under supervision of expatriate pharmacist being a senior pharmacist in the foreign country wherein he / she is registered, written justification shall be provided by the organization, and an acceptance letter by national pharmacist shall be provided.
5. The applicant may be required to appear before an examination committee of the council for an oral examination before issuance of temporary practice certificate.
6. The application for temporary pharmacy practice shall be accompanied by the following:
  - (1) Duly filled application form in the prescribed format as provided under fourth schedule to these byelaws
  - (2) Recommendation letter/ certification from the Registrar of the Pharmacy board in Uganda stating that the applicant can be considered for temporary pharmacy practice in Uganda
  - (3) Introduction letter from Head of Institution stating the period of temporary engagement in Uganda with specific dates, the justification for engaging a temporary pharmacist who is an expatriate; the activities to be carried out by the expatriate(s) and the reporting relationship with National Pharmacist if it exists in the organization
  - (4) Certified Copy of certificate of registration as Pharmacist in his/ her Country of Origin
  - (5) Letter of good standing with the registration body in country of origin
  - (6) Certified Copy of academic documents with Pharmacy qualification
  - (7) Copy of passport Page of foreign registered pharmacist with personal details
  - (8) Commitment letter of Supervising Pharmacist of the organization confirming that he/she will have temporary practice in Uganda as Pharmacist endorsed by head of institution
  - (9) Two recent passport photographs
  - (10) Curriculum Vitae of the person wishing to have temporary pharmacy practice in Uganda
  - (11) Job description of expatriate Pharmacist
  - (12) Evidence of Payment of fees prescribed by the council

**COUNCIL OF PHARMACEUTICAL SOCIETY OF UGANDA**

**APPLICATION FORM FOR TEMPORARY PHARMACY PRACTICE BY FOREIGN REGISTERED PHARMACISTS**

(Under Section 22(1)(3), 29 and 30 of The Pharmacy and Drugs Act CAP 309)

*(Fill all items on this form and append attachments wherever necessary.)*

*Print or use capital letters.*

Application No: \_\_\_\_\_

**Please duly complete this form. Incomplete applications with insufficient information will not be considered.**

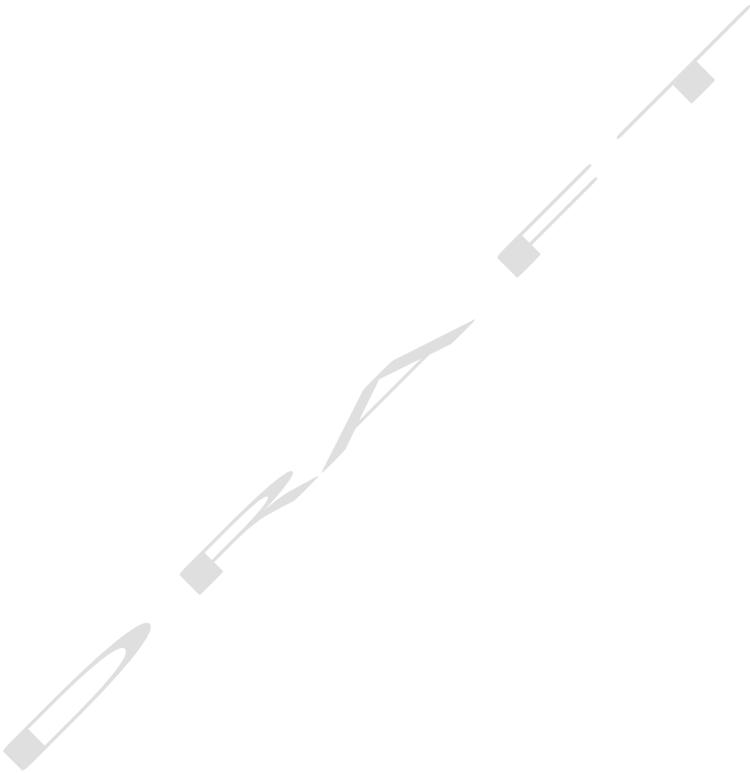
1. Pharmacist's name \_\_\_\_\_
2. Registration number/year \_\_\_\_\_
3. Country of citizenship \_\_\_\_\_
4. Country where registered as Pharmacist \_\_\_\_\_
5. Place of Residence \_\_\_\_\_ ( Attach proof from local leader of current residence in Uganda)
6. Name of Company/Organization/Pharmacy where practice is intended to be carried out \_\_\_\_\_
7. Physical address of the premises where the practice is intended to be carried out \_\_\_\_\_  
\_\_\_\_\_
8. The Company/Pharmacy/Organization offers services of :

Category	Tick as applicable	Category	Tick as applicable
Retail		Regulatory	
Wholesale		NGO	
Wholesale and Retail		Private Hospital	
Small-scale manufacturing		Public Hospital	
Large scale manufacturing		Research/Academia	
Others		Medical representation	
No. of Employees in the Organization			

9. Category of Medicines being sold/distributed/Manufactured from the Facility (If applicable)

Human	
Veterinary	
Others(describe)	

10. state your job title in the organization \_\_\_\_\_



11. Are you satisfied with the premises, documentation, professional service delivery and personnel performance in the facility in which you are practicing in / intend to practice in (Yes/No)? \_\_\_\_\_ If no what changes do you propose?

\_\_\_\_\_

\_\_\_\_\_

12. Period of for which you are seeking temporary practice \_\_\_\_\_ (Months).

13. How long do you intend to stay in Uganda ? (Months and dates) \_\_\_\_\_

14. Have you attached the following documents? YES/NO

- a) ]Duly filled application form in the prescribed format as provided under fourth schedule to these byelaws
- b) Recommendation letter/ certification from the Registrar of the Pharmacy board in Uganda stating that the applicant can be considered for temporary pharmacy practice in uganda
- c) Introduction letter from Head of Institution. The letter should state the period of temporary engagement in Uganda with specific dates, the justification for engaging a temporary pharmacist who is an expatriate; the activities to be carried out by the expatriate(s) and the reporting relationship with National Pharmacist if it exists in the organization
- d) Certified Copy of certificate of registration as Pharmacist in his/ her Country of Origin
- e) Letter of good standing with the registration body in country of origin
- f) Certified Copy of academic documents with Pharmacy qualification
- g) Copy of passport Page with personal details
- h) Commitment letter of Supervising Pharmacist of the organization confirming that he/she will have temporary practice in Uganda as Pharmacist endorsed by head of institution
- i) Two recent passport photographs
- j) Curriculum Vitae of the person wishing to have temporary pharmacy practice in Uganda
- k) Job description of expatriate Pharmacist
- l) Evidence of Payment of fees prescribed by the council

**I hereby certify that the information indicated is true and correct and do commit myself to securing the highest practicable Standards in the Practice of Pharmacy and compliance to the Pharmacist's oath and code of conduct for pharmacists at all times.**

**Name of the Supervising/Practicing Pharmacist:** \_\_\_\_\_

**Date & Signature** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**For Official Use only**

**3. Information verified** : Yes  No

4. Application approved : Yes  No   
If not approved reason

---

Secretary, Council of the Pharmaceutical society of Uganda

**FIFTH SCHEDULE**

**Bye law 4(5)**

**COUNCIL OF PHARMACEUTICAL SOCIETY OF UGANDA**

**CERTIFICATE OF TEMPORARY PHARMACY PRACTICE\***  
(Under Sections 6, 8, 22(1)(3), 29 and 30 of The Pharmacy and Drugs Act CAP 309)

This is to certify that Mr/ Ms/ Dr/ Prof.....being a citizen of.....( add country of citizenship) registered pharmacist in ..... ( add country of registration as pharmacist) is hereby authorized to have temporary pharmacy practice in Uganda for the purpose of ..... (Add approved purpose ) at.....(Add name of organization) for a period of..... Months from the date of its issuance.

Issued at .....this.....day of .....20.....

.....

By Secretary, Council of Pharmaceutical society of Uganda

In presence of;

1. ....
2. ....

\*This certificate is valid only when bearing seal of society and countersigned as provided by the Act.

**COUNCIL OF PHARMACEUTICAL SOCIETY OF UGANDA**

**Change over form for pharmacists\***

(Under Sections 6, 8, 22(1)(3), 29 and 30 of The Pharmacy and Drugs Act CAP 309)

**1. Name and Physical address of practice setting;**

---

---

---

**2. Hand over Report of out going pharmacist Received by In coming pharmacist ( Yes/ No):** \_\_\_\_\_

**3. Acceptance of responsibility by in coming pharmacist Yes/No** \_\_\_\_\_

**4. General remarks ( If any) for council's attention**

**a) Out going**

**pharmacist** \_\_\_\_\_

---

---

---

---

---

**b) In coming**

**pharmacist** \_\_\_\_\_

---

---

---

**5. DATE of change over:** \_\_\_\_\_

**6. Name and signature of out going pharmacist:** \_\_\_\_\_

**7. Name and signature of in coming pharmacist:** \_\_\_\_\_

**DR LUTOTI STEPHEN  
SECRETARY , PHARMACEUTICAL SOCIETY OF UGANDA**