

APPLICATION FOR AUTHORISATION OF PHARMACISTS

Medicinal Cannabis Authority
Rivulet, Enhams
Telephone: 1-784-456-8113
Website: www.mca.vc
Email: mca@mca.vc



Instructions

This form is to be used for the purpose of applying for the authorisation of a pharmacist to **dispense** medicinal cannabis pursuant to the Medicinal Cannabis Industry Act 2018 and its regulations.

When applying for authorisation you must provide along with this form a copy of :

- (1) Certificate of Registration
- (2) MCA's Patient Access Training Course- Certificate Of Training

or

A certificate from an equivalent training course as authorised by the Authority.

PHARMACISTS

1. Are you registered to practice in Saint Vincent and the Grenadines? Yes No

2. Pharmacist Registration Number:

3. Type of Practice: Private Public Both

4. How many years have you been at your current practice? _____ Year(s)

5. Name of Pharmacy: _____

6. Pharmacy Address(es): (Additional addresses can be attached to the back of form). _____

7. Name (**PRINT**): _____

(Last Name) (M.I.) (First)

8. Address: _____

9. Mailing Address: _____

10. Telephone Number: _____
(Office) (Cell)

11. Email (**PRINT**): _____

Signature

Date
