

The Pharmaceutical Society of Kenya

GREEN CROSS NETWORK ACCREDITATION APPLICATION FORM

APPLICANT'S GENERAL INFORMATION:

Note: Application form to be completed by the **Pharmacist-in-charge**

Name of the Pharmacy: _____

Pharmacy Physical Location: _____

Pharmacy Postal Address: _____

Premises Registration Number PPB (Attach copy): _____

Date of Registration of Premises (by PPB): _____

Pharmacy Email Address: _____

Pharmacy Telephone No: _____

Pharmacy Mobile No: _____

Name(s) of Owner(s) of Pharmacy with attached copies of the Premise Registration and individual ID and PIN.

Name of Owner(s)	ID or Foreigner Certificate No.	Mobile Contact No. & personal e-mail
1		
2		
3		

PHARMACIST – IN – CHARGE:

Full Name: DR . _____

PSK Membership No: _____

PPB Registration No: _____

PPB License to Practice for current year (Attach copy) _____

Kenyan ID or Foreigner Certificate No (Attach copy) _____

PIN No (Attach copy): _____

Pharmacist - on - shift work: Other PPB Registered Pharmacist(s) should attach copies of their current PPB license to practice, PSK Membership, Identification, and PIN.

Name of Pharmacist - on - Shift	Current practice license No. (Attach copy)	PSK Membership No. (Attach copy)
1. Dr.		
2. Dr.		
3. Dr.		

Pharmaceutical Technologists - on - shift work: They should attach copies of their current PPB license to practice, KPA Membership, Identification, and PIN. If additional technologists need to be listed, please provide the relevant information on an attached page and indicate accordingly.

Pharmaceutical Technologist	Current practice license No. (Attach copy)	KPA Membership No. (Attach copy)
1.		
2.		
3.		

TERMS & CONDITIONS FOR GREEN CROSS MEMBERSHIP & ACCREDITATION

The Green Cross represents a network of accredited pharmacists providing quality client care and pharmacy services.

- I.** Membership to the Green Cross Accreditation is conditional of the following;
 - a.** The Registered PPB Pharmacist-in-charge and Pharmacists-on-shift must be registered members of PSK.
 - b.** The pharmacy must have an up-to-date License of Registration with the PPB.
 - c.** A Registered PPB Pharmacist must be a **director** or an **employee** of the premise(s)/business and reachable by phone at all working hours. A registered PPB Pharmaceutical Technologist may be available for clients the remainder of the time.
 - d.** Green Cross membership fees are fully paid for monitoring and evaluation with the exception of 2016 waived.
 - e.** Must pass Green Cross accreditation assessment.

- II.** Green Cross Membership fees are; (expunged as at 2016)
 - a.** Payable to the Pharmaceutical Society of Kenya.
 - b.** 12,000KES annually to be paid by the 1st January each year after accreditation
 - c.** 2,000KES for accreditation re-assessment in the case of;
 - i.** Initial assessment failure.
 - ii.** Changes in application details (listed below).

- III.** Changes in application details will be governed by the below;
 - a.** Changes in application details must be advised in writing, with all supporting documentation by the Pharmacist-in-charge of the facility within 30 days.
 - b.** PSK will acknowledge receipt of changes and whether approval of changes are granted, additional information is required or new accreditation assessment is needed, within 14 days.
 - c.** Changes in application details which will require a new accreditation assessment include;
 - i.** Change in the nature of the business (eg. No longer providing pharmacy services).
 - ii.** Change in registered premise location.
 - iii.** If there is no longer a PSK and PPB Registered Pharmacist-in-charge of the pharmacy.
 - d.** Changes in application details which will now require new accreditation assessment include;
 - i.** Change in ownership.
 - ii.** Change of Pharmacist-in-charge
 - iii.** Change of Pharmacist-on-shift

- IV.** Green Cross Accreditation will be revoked if;

- a. A PSK and PPB Registered Pharmacist is not found on duty on at least 3 occasions.
- b. The pharmacy does not have an up-to-date License of Registration for the Pharmacy from PPB.
- c. Registration fees are not paid for by 28th February following membership expiry when communicated as such by PSK.
- d. Revocation of Green Cross status will be advised in writing by PSK. The result of revocation requires;
 - i. Pharmacist-in-charge to acknowledge revocation communication within 5 working days.
 - ii. Removal of Green Cross branded signage and communication materials within 15 days of receiving written notice.

**Failure to remove signage within timeframe will result in revocation of the Green Cross Accreditation.

- V. The steps in application for Green Cross network membership include;
 - a. Lodge application form with all supporting documentation.
 - b. Accreditation assessment carried out by PSK within 14 days.
 - c. Pharmacist-in-charge advised within 5 working days on success of application.

APPLICANT CONFIRMS TO HAVE READ AND UNDERSTOOD THE TERMS & CONDITIONS OF THE GREEN CROSS MEMBERSHIP AND APPLIES FOR GREEN CROSS NETWORK MEMBERSHIP

Name of Pharmacy: _____

Applicant's Name: _____

Applicant's Signature: _____

Date: _____

PSK OFFICE USE ONLY

Checklist of attached documents

Document	PSK Received Confirmation
Premises Registration Certificate from PPB	
Owner 1 ID and CR12	
Owner 2 ID and CR12	
Owner 3 ID and CR12	
Pharmacist in charge PPB License to Practice	
Pharmacist in charge 1 ID	
Pharmacist on shift work 1 License to Practice	
Pharmacist on shift work 2 ID	
Pharmacist on shift work 2 License to Practice	
Pharmacist on shift work 3 ID	
Pharmacist on shift work 3 License to Practice	
Pharmaceutical technologist 1 ID	
Pharmaceutical technologist 1 License to Practice	
Pharmaceutical technologist 2 ID	
Pharmaceutical technologist 2 License to Practice	
Pharmaceutical technologist 3 ID	
Pharmaceutical technologist 3 License to Practice	
12,000KES accreditation and membership fee paid (Waived for 2016)	

Application Number: _____

Application to progress to Assessment stage (Yes/No): _____

Name: _____

Signed: _____

Date: _____