



Guyyaa ቀን 11-3-17
Date
Lakk ቁጥር 23864
Ref.no

Waajjira Fayyaa Bulchiinsa Magaalaa Shaggariif

Finfinnee

Dhimmi:- **Haayyama Dukkaana Qorichaa Fafi jedhamu haaraa kenname ilaala**

Akkuma mata duree irratti ibsuuf yaalametti **Obbo Fu'aad Jamaal** abbaa qabeenyaa ta'uudhaan **Ogeessa Aadde Nasiriyaa Musaa Hussein waliin** Magaala keessan Kutaa Magaalaa **Galaan Guddaa** Ganda **Daalattii** lakk. manaa haaraa keessatti **Haayyama dukkaana Qorichaa Fafi jedhamu** bafatanii hojjechuu kan isaan dandeessisu Unka inspekshinii xalayyaa lakk: WFMSH/3216/2017 gaafa guyyaa 11/3/2017 tiin nu gaafatanii jirtu.

Haaluma kanaan Haayyamni gahumsa dukkanni Qorichaa kun Maqaa Ogeessa **Aadde Nasiriyaa Musaa Hussein**itiin waan isaaniif kennameef, waajjirri keessanis kanuma beekuudhaan Ogeessii fi Dhabbatni dukkanni Qorichaa kun Qajeelfamaa fi seeraa jiruun hojjechaa jiraachuu hubachuun to'annoo fi hordoffii gaggeessuun raawwii isaa ji'a sadi sadiin gabaassa akka nuuf gootan isin beeksifna.

Nagaa Wajjin

(Signature)
Shallama Dilqaassaa (BSC)
Qindeessaa Garba Galmee
Gaummaa fi Hanyuma

G/G

- Waajjira Daldaalaa fi Misooma Gabayaa Bulchiinsa Magaalaa Shaggariif

Finfinnee



6955



Oromia health bureau



befekom2008@gmail.com
info@orhb.gov.et



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Saarbet (Calcalii) Finfinnee



BUL/M/NAANNOO OROMIYAATTI
WAAJJIIRA FAYYAA MAGAALAA SHAGGAR
 በኦሮሚያ ክልል መስተዳድር የሽግር ከተማ ጤና ዕ/ቤት
NATIONAL REGIONAL STATE OF OROMIA
SHAGGAR CITY HEALTH OFFICE



Guyyaa ቀን 11/3/2017
 Date
 Lakk ቁጥር
 Ref.no WFKMG/G/1728/2017

Biiroo fayyaa Oromiyaatiif

Finfinnee

Dhimmi isaa :- wa'ee inspeekshinii Dukkana Qorichaa Haaraa Guutame eerguu Ilaala.

Akkuma mata duree irratti ibsuf yaalameetti **Obbo Fu'aad Jamaal** abba qabeenyaa fi maqa Ogeessaa Obbo Nawsiriyaa Muusaa Husee waliin ta'uudhan Magaala keeny Kutaa Magaalaa Galaan Guddaa mana Haaraa keessatti Heyyama Gahumsaa Dukkana Qorichaa Bafatanii hojjechuu kan barbaadan ta'u iyyata gaafa Guyyaa 05/13/2016 barreessanii gaafatanii gaafatan ibsuun manaa fi Meeshaa isaan qopheefatan akka ilaaltee Unka inspeekshinii irratti guutnee isinii eerginnu xalayaa Lakka 23,478 gaafa Guyyaa 29/01/2017 barreessuun nu eerguun keessan ni yaadatamaa .

Haaluma kanaan **Waaajirri Fayyaa Kutaa Magaalaa Galaan Guddaa** manaa fi meeshaa isaan qopheefatan ilaaluun Unka inspeekshinii irratti guutanii xalayaa Lakk. WFKMG/G/1728/2017 gaafa Guyyaa 05/03/2017 barreessanii kan nu eergan Fuula 7 xalayaa kanaan wal qabsiifnee kan isinii eergine ta'u kabajaan isin beeksifnaa.

GG

Garee Daayirektoreetii TQFFWO tiif

Finfinnee

Nagaa wajjin

[Signature]

Salamoon Tafarii Ligdii
 ሰለሙን ተፋሪ ለገደ
 Dursaa Garee Hayyama Gahumsaa
 Laachuu Dhaabbilee Fayyaa
 የጤና ተቋማት ብቃት
 ማረጋገጫ ቡድን መሪ



0113381166, 0113383933



shagarhealthoffice@gmail.com



Shager Health



Shager city: Create Healthy city!



Saaris A/A (Lumee) Finfinnee

Pre-licensing Inspection Checklist for Medicine Retail Outlet (Pharmacy & Drug Shop)

	Name of the Region/Zone/Woreda/Agency	FORM No.: 001		
Title:	Pre-licensing Inspection Checklist	SOP No.		
		Revision No:		
Instruction: This checklist is designed to assess the compliance rate of community pharmacies, focusing on premises, personnel, and products (equipment and materials). Complete all sections of the checklist (Yes, No, NA).				
5. General Information				
5.1. Level of community pharmacy a. Pharmacy (Yes, No) b. Drug shop (Yes, No)		5.6. Address a. Region: <u>Bromide</u> b. Zone: <u> </u> c. Woreda: <u>Gilgudda</u> d. House No: <u> </u> e. Phone No: <u>0965819690</u> Specific location: <u>Ashawon town</u>		Date of Inspection (dd/mm/yy)
5.2. Name of pharmacy/drug shop <u>Fo Fidy Shop</u> 5.3. Name of Technical Manager <u>Masinyaa</u> 5.4. Professional Level of Technical Manager <u>Diploma (Expert-Druggist)</u> 5.5. Name of Owner (s) <u>Fu'ud Jamaal</u>				
SN	Requirements	Compliance		
		Yes	No	NA
6. Professionals				
6.1.	The technical manager and other technical personnel have valid and renewed professional licenses.	✓		
6.2.	For pharmacy, the technical manager has a minimum of three years of work experience as a pharmacist with a bachelor's or advanced degree in pharmaceutical sciences, or as a druggist or level IV pharmacy technician with an additional one year as a pharmacist.	✓		
6.3.	For drug shop, the technical manager has a druggist or level IV pharmacy technician with a minimum of three years of work experience, or a pharmacist with a minimum of one year of work experience as a pharmacist.	✓		
6.4.	The community pharmacy (pharmacy or drug shop) has at least one additional licensed pharmacist, druggist, or level IV pharmacy technician.			
6.5.	The professionals have no known history of legal or unethical practices.	✓		
7. Premises				
7.1.	Design, Layout and Location			
7.1.1.	The pharmacy or drug shop is self-contained and secured with a single point of entry and exit.			
7.1.2.	The pharmacy or drug shop is located a minimum of 100 meters away from other community pharmacies or health facilities.	✓		
7.1.3.	Construction of the premises prevents direct sunlight, dust, moisture,	✓		



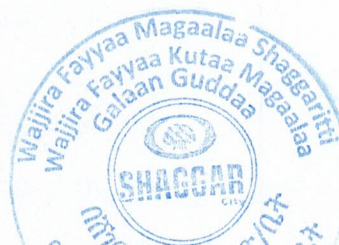
SN	Requirements	Compliance		
		Yes	No	NA
	entry of insects, animals (especially rodents) or birds, and flooding.			
7.1.4.	The walls are constructed and maintained from concrete or bricks and painted with washable paint. Internal partitions, if necessary, are made of aluminum board or bricks.	✓		
7.1.5.	The pharmacy displays a clear signboard bearing its name and working hours.		✓	
7.1.6.	The entrance, dispensing counter, and doorways are accessible to people with disabilities.	✓		
7.1.7.	The pharmacy or drug shop has dedicated premises including: – Store room – Dispensing room – Compounding room for pharmacy only (optional) – Counselling room – Drug information service shared with counselling room – Drug information Center (optional) – Administrative office and changing room or area – Toilet with water – Waiting area	✓		
7.1.8.	The dedicated rooms and areas are labelled.			
7.1.9.	The pharmacy or drug shop has adequate lighting and ventilation with the required illumination and light intensity (check lighting lamps, e.g., LED or fluorescents as an option).			
7.1.10.	Floors, ceilings, and walls are smooth and washable; without dust, free of cracks and holes, discoloration, leakage/water stains, or other signs of disrepair.			
7.2.	Environment, Security, and Safety			
7.2.1.	The pharmacy or drug shop is located 100 meters away from any facilities that adversely affect the quality of medicines.	✓		
7.2.2.	Electrical outlets are safe and properly maintained.	✓		
7.2.3.	The premises are lockable and not accessible to unauthorized entry.			
7.2.4.	A functional fire extinguisher is available.	✓		
7.2.5.	First-aid materials are available.	✓		
7.3.	Storage room			
7.3.1.	Storage room is at least 12 square meters in size for pharmacy, and 9 square meters for drug shop (measure the area in square meters, length, and width in meters). (Actual measurement $3.2 \times 4.8 = 15.36$)			
7.3.2.	Ceiling height is not less than 2.6 meters. In areas with consistently elevated temperatures, minimum ceiling height is 3 meters.	✓		
7.3.3.	Storage room is well ventilated, dry, and protected from direct sunlight and heat.	✓		
7.3.4.	Storage room is self-contained and secure with a lockable door.			
7.3.5.	Walls are smooth and washable; not constructed from wood, corrugated sheet, mud, or grass materials.			
SN	Requirements	Compliance		



		Yes	NO	NA
7.3.6.	Floor is smooth and easily washable; constructed from cement, ceramic, epoxy, or other related materials.	✓		
7.3.7.	Ceiling is smooth, washable, and heat resistant.	✓		
7.3.8.	Storage room has sufficient shelving constructed from a smooth, washable, and impermeable material.	✓		
7.3.9.	Shelves are available a minimum of 20 cm above the floor, one meter wide between shelves, and 25 cm away from the wall and 50 cm from the ceiling. If pallets are used, they are 20 cm above the floor, one meter between pallets, and 25 cm away from the wall (also check for their adequacy in number).	✓		
7.4.	Dispensing room			
7.4.1.	Minimum area of the dispensing room is 25 square meters for both pharmacy and 22 square meters for drug shop, with a minimum side measurement of 4 meters. (Actual measurement $4.8 \times 4.7 = 22.56$)	✓		
7.4.2.	Minimum ceiling height is 2.6 meters. In areas with consistently elevated temperatures, minimum ceiling height is 3 meters.	✓		
7.4.3.	Dispensing counter is at least 1.5 meters away from the back shelf and 2.5 meters away from the patient gate (check the distance with a calibrated meter).	✓		
7.4.4.	Dispensing counter is at least 0.60 meters wide, 1.10 meters high, and 1 meter long per dispenser, with a total length of not less than 3.5 meters for pharmacy (3 meters for drug shop).	✓		
7.4.5.	Availability of waiting area with seating options (number of seats depends on the number of patients).	✓		
7.4.6.	Size of dispensary and storage is adequate, allowing easy movement and workflow.	✓		
7.4.7.	Shelves in the dispensing room are a minimum of 20 cm above the floor, one meter wide between shelves, 25 cm away from the wall, and 50 cm from the ceiling. If pallets are used, they are 20 cm above the floor, one meter between pallets, and 25 cm away from the wall.	✓		
7.4.8.	Access restricted to authorized personnel in the actual dispensing area.	✓		
7.4.9.	Calibrated thermohydrometers are properly located at appropriate locations.	✓		
7.4.10.	Walls are clean, smooth, and washable; without dust, holes, or cracks, and made of a material that allows for easy cleaning.	✓		
7.4.11.	Roof is in good condition to avoid leakages; no holes or signs that water is running through (check if the ceiling is made of cardboard or cement).	✓		
7.4.12.	Dispensary is well illuminated and ventilated, with the required illumination and light intensity (check lighting lamps, e.g., LED and fluorescents as an option).	✓		
7.5.	Compounding room for pharmacy only (if available)			
7.5.1.	Compounding room is at least 9 square meters, with a minimum side measurement of 2.5 meters. (Actual measurement $___ \times ___ = ______$)			NA
7.5.2.	Compounding bench is at least 0.75 meters wide, with a total length of not less than 2 meters, and not less than 1.5 meters away from the gate.			NA
7.5.3.	Compounding bench is made of stainless steel, marble, or similar acceptable material, which is washable, impermeable, chemical-resistant, and waterproof.			NA
SN	Requirements	Compliance		
		Yes	No	NA



7.5.4.	Compounding bench top is not made of wood, cement, corrugated sheet, or plastic materials.			NA
7.5.5.	Compounding room is designed to avoid contamination and cross- contamination.			NA
7.5.6.	Walls of the compounding room are finished with a smooth, washable, and impermeable material, which is easy to clean and maintain in a hygienic condition.			NA
7.5.7.	Compounding room is neat, ventilated, and appropriate for compounding activities.			NA
7.5.8.	There is a storage cabinet or shelf for labelling and raw materials.			NA
7.5.9.	There is a suitable and clean wash basin made of a smooth, washable, and impermeable material, with a source of tap water and a closed drainage system.			NA
7.6.	Counselling room			
7.6.1.	Area of counseling room is at least 4 square meters, with a minimum side of 1.5 meters, and equipped with chairs and a table. (Actual measurement $2 \times 2 = 4$)			
7.6.2.	Counseling room is designed to maintain confidential conversation between pharmacy professionals and clients.	✓		
7.6.3.	Counseling room is easily accessible and, where possible, close to the dispensary.	✓		
7.7.	Drug information center only for pharmacy (optional)			
7.7.1.	Well-equipped drug information center with a minimum area of 12 square meters and minimum side length of 3 meters.	✓		
7.7.2.	Additional office room for the staff of the drug information center.		✓	
7.8.	Toilet with water			
7.8.1.	There is a toilet room for the community pharmacy, which may be shared with other facilities if it is in a multipurpose building.	✓		
7.8.2.	Toilet room has readily available potable water with a hand wash basin, soap, and a closed drainage system.	✓		
7.8.3.	Toilet facilities are kept clean and in good order.	✓		
7.8.4.	Toilet has no direct access to dispensing and storage rooms.	✓		
7.8.5.	Toilet is clearly designated and labelled with arrows or images.	✓		



SN	Requirements	Compliance		
		Yes	No	NA
7.9.	Products (Equipment and materials)			
7.9.1.	Availability of continuous power supply.			
7.9.2.	Dispensing and storage equipment and materials include: a. Counting devices for tablets and capsules b. Tablet cutter. c. Stainless steel spoon d. A refrigerator equipped with a maximum and minimum thermometer. Pharmaceutical grade refrigerators should be recommended. e. Secure fixed metal cabinet or shelf with lock and key for narcotic drugs and psychotropic substances. f. Wall thermometer and hygrometer or thermohydrometer for both storage and dispensing room. g. Ventilator or air conditioner as appropriate. h. Fire extinguisher. i. First aid kit j. Scientific calculator and scissor k. Fixed telephone or mobile phone l. Computer (s) m. Shelves and pallets n. chairs for waiting area o. Reference materials (soft or hard copy latest version), including Martindale, Pharmacology textbooks, Medical dictionary, relevant proclamation, Community pharmacy medicine lists, National standard treatment guideline, National medicine formulary, National good dispensing manuals,	✓		
		✓		



SN	Requirements	Compliance		
		Yes	NO	NA
7.9.3.	The compounding room is equipped with the following: a. Working bench with upper part made of marble or stainless steel b. Dispensing balance (Analytical balance), c. Mortar and pestle (glass or porcelain) not less than 250ml d. Stainless steel hot water bath (electrical) with four or more openings e. Hot plate (electrical) f. Shaker or stirring rods (glass or plastic) of different length and thickness g. Spatula (stainless steel, plastic, flexible or non-flexible) h. Ointment tile or slab i. Wash bottle j. Funnel (glass or polyethylene) k. Beaker (different sizes) l. Test tubes of different sizes m. Graduated cylinders (different volumes) n. Weighing paper (normal, grease-proof for semi solids) o. Weighing dishes (plastic, aluminum, stainless steel) p. Evaporating dish q. Volumetric flask r. PH meter s. Alcoholometry t. Thermometers u. Purified water v. Disposable gloves and masks w. Labelling and packing materials x. Electrical light or lamp			NA
7.9.4.	The drug information center (if established) has the following: h. Furniture (shelves, tables, and chairs). i. Telephone line j. Internet access k. Computer and software l. Printers and duplication machine m. Drug databases Reference materials (primary, secondary, and tertiary sources).		✓	



Summary of observations				
Consent of owner or technical manager	I confirm that to the best of my knowledge, the information/data provided in this checklist is true and correct. Name of Technical Manager/Owner <u>Abelkaya Musa</u> Signature <u>[Signature]</u> Date <u>06/07/2017</u> stamp _____			
Recommendation of inspectors	We confirm that the community pharmacy named above was inspected on [dd/mm/yyyy] _____ and it was [complied / not complied] with all the stated requirements. Hence, we [recommend / do not recommend] issuing the certificate of competence.			
Name and signature of Inspectors	SN	Name	Date	Signature
	1.	Meskerem Alemu	05/03/2017	[Signature]
	2.	Senait Tadesse	05/03/2017	[Signature]
	3.	Tolona Kladay	05/03/17	[Signature]
Decision of officials	Based on the recommendations of inspectors, I confirm that the certificate of competence can be [issued / not issued] to the named community pharmacy. Name <u>Senait Tadesse</u> Date <u>05/03/17</u> Signature with stamp <u>[Signature]</u>			





BIIROO FAYYAA OROMIYAA
የወጪ ጤና ቢሮ
OROMIA HEALTH BUREAU

Guyyaa
Date
Lakk
Ref.no

ቀን 29-1-17
ቁጥር 23478

Waajjira Fayyaa Magaalaa Shaggariif

Finfinnee

Dhimmi isaa:- **Waa'ee Dukkaana Qoricha haaraa inspekshiniif ergame ilaala**

Akkuma mata duree irratti ibsuuf yaalametti **Obbo Fu'aad Jamaal** abbaa qabeenyaa fi **Obbo Nasiriyaa MusaaHuseen** Ogeessaa ta'uudhaan Magaalaa keessan **kutaa magaalaa Galaan Guddaa** Aanaa **Caffee Karaabuu** ; lakka. Manaa **Haaraa** keessatti Hayyama gahumsa Dukkaana Qorichaa haaraa baafatanii hojjechuu akka barbaadan xalayyaa gaafa guyyaa ~~03/12/2016~~ tiin nu gaafatanii jiru.

05/13/016

Haaluma kanaan Hayyamni gahumsa Dukkaana Qoricha kun Maqaa Ogeessa **Obbo Nasiriyaa MusaaHuseen** tiin kennamuun dura manaa fi meeshaalee barbaachisan qopheeffachuu isaanii ilaalamee unki inspekshinii guutamee akka nuuf ergamu isin beeksifna.

Nagaa Wajjin

Shallama Diigaasaa (BSC)
Qindeessaa Garee Galmee
Oqummaa fi Hayyamaa

Hubachiisa:-

1. Bakka Dukkaanni Qorichaa itti gaafatame ykn itti banamu kun dhaabbata fayyaa kamirraa meetira 100 fi isaa ol fagaachuu qaba.
2. Dukkaanni Qoricha kun ulaagaa hin guunne yoo ta'e Unka inspekshinii guttanni akka hin ergine isin hubachiifana.



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befokom2008@gmail.com
info@orhb.gov.et



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Oromia health bureau



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Saarbet (Calcalii) Finfinnee



Oromia Health Bureau Directorate of Health and
Health Related Services and Products Quality
Control and Regulation

FORM-SOP/DHHRSPR-PROC006-001

Licensing request application form

Name of the Community Pharmacy	Fafi-Drug Store		
Address	City	Sheger city	
	Kebele	Delati	
	Facility Phone Number	0965819690/0917517384	
	Technical Manager Phone Number	0902917987	
	E-Mail Address of the facility		
Physical Address: Sheger city, Eilan Guda			
Indicate type of application: please tick or check a box.			
New	☐	Renewal	☐
Change of ownership	☐	Change of professionals	☐
Change of location	☐	Replacement of certificate of competence	☐
A. For NEW application, please make sure that below requirements are fulfilled			(Yes or No)
Educational evidence of technical manager			Yes
Employment agreement or contract of technical			Yes
Working experience letter of the technical manager from the employer that describes his/her resignation,			Yes
Proof of evidence if he/she had worked as a technical manager and from health regulatory bodies,			Yes
Professional license of the technical and storekeeper, Passport size photo of the technical manager, House rent contract or carta, or lease hold title certificate authenticated by Document Authentication and Registration Agency Trade bureau or any concerned Government office,			Yes
For partially completed building, provide authorization for use of the building for service from the responsible body.			No
Recent two passport size photos (not more than six months)			Yes
Payment of service fee			Yes



Oromia Health Bureau Directorate of Health and
Health Related Services and Products Quality
Control and Regulation

FORM-SOP/DHHRSPR-PROC006-001

Licensing request application form

B. For Renewal application, please make sure that below requirements are fulfilled (Yes or No)

Confirmation of payment of required service fee

Upon submission of the internal audit report, if necessary and

C. For change of certificate of competence replacement, please make sure that below requirements are fulfilled

or change of physical address

House rent contract or carta or lease hold title certificate

authenticated by appropriate government body.

Payment of service fee

Previous original certificate of competence

Recent two passport size photos (not more than six

months) of technical manager

description of the premises including pictures or videos of

both the interior and exterior of the premises, if required

Self-inspection result

D. Change of Technical Manager, please make sure that below requirements are fulfilled

Employment agreement of the new technical manager if the owner is different

Education credentials

Current original release and experience letter

Professional license

Payment of service fee

Previous original certificate of competence

Recent two passport size photos (not more than six

E. Change of name of establishment, please make sure that below requirements are fulfilled

Memorandum of establishment



Oromia Health Bureau Directorate of Health and
Health Related Services and Products Quality
Control and Regulation

FORM-SOP/DHHRSPR-PROC006-001

Licensing request application form

Payment of service fee

Previous original certificate of competence

I certify I have read, understood, and agree to comply with community pharmacy compulsory standard regulating this licensing. I also certify the information herein submitted is true to the best of my knowledge and belief.

Owner Name

Fuad Jemal

Technical Manager Name

Nesriya Kusa

Signature

Signature

Date 05/13/2016

Date 05/13/2016

Guyyaa 05-13-2016

Unka Waadaa Waliigaltee Ogeessi Teeknikaa Biiroo Fayyaa Waliin galu

Ani Dr./Obbo/Adde/Sr. Nestiyu Musa Hussein Sadarkaa

Dhaabbatichaa Kuusaa/Dukuma Jorjuma

ogummaa Expert Drugist tiin hojii hojjechuuf hayyama mirkaneessa ga'umsaa baasee gochoonni seeran alaa 1-5 tti tarreeffaman kun yoo xiqqaate tokko raawwatame taanan

1. Hayyama Mirkaneessa Ga'umsaa Biiroo Fayyaarraa ogeessa Teeknikaa ta'ee baaseen bakka ani hin jirretti beekamtii qaama too'atuutiin ala yoo hojiin qaama sadaffaadhaan ittiin hojjetamaa jirtaate
2. Bakka ani hin jirretti dhaabbanni maqaa kootiin saaqame yakka kamiyyuu yoo raawwate
3. Akka biyyaattis ta'ee akka naannootti maqaa kootin ogeessa teeknikaa ta'ee dhaabbanni gara biraa saaqamee yoo jiraate
4. Hayyama mirkaneeffannaa ga'umsaa maqaa kootin baasee osoon Biiroo Fayyaa Oromiyaatti hin deebisin dhaabbata biraa keessa (mana Mootummaa, Dhaabbata Miti-Mootummaa ykn Dhaabbata Dhuunfaa) qacaramee yoon argame
5. Dhaabbata maqaa kootiin ba'e keessatti meshaalee fi qorichoonni seeraan alaa yoo argamanii fi sadarkaa dhaabbatichaaf hayyameen oli meeshaalee ykn qorichootas yoo qabatee fi shaakala(Practice) yoo godhe

Tarkaaffii Bulchiinsaas ta'ee **Tarkaaffii Seeraa** narratti fudhatamuuf itti-gaafatamummaa akkan fudhadhu mallattoo kootin nin mirkaneessa. Anis abbaa qabeenyaa dhaabbata kanaa ta'ee dhimmoota seeran alaa dhaabbata kana keessatti raawwatamaniif itti-gaafatamummaa fudhachuukoo mallattoo kootiin nin mirkaneessa.

Maqaa Guutuu ogeessaa

Nestiyu Musa Hussein

Mallattoo any

Guyyaa 05/13/2016

Maqaa Guutuu abbaa qabeenyaa

Fi'aud Jamaal Karamu

Mallattoo fu

Guyyaa 05-13-2016



BIIROO FAYYAA OROMIYAA
ኮሮሚያ ጤና ቢሮ
OROMIA HEALTH BUREAU

Guyyaa ቀን 28-12-16
Date
Lakk ቁጥር 23.233
Ref.no

ለወ/ሮ ነስሪያ ሙሳ ሁሴን

ባሉበት

ጉዳዩ፡- የሥራ ልምድ እና ሽፒ ደብዳቤ መስጠትን ይመለከታል

ወ/ሮ ነስሪያ ሙሳ ሁሴን

1. በክልላችን በጅማ ዞን ኮሳ ወረዳ ውስጥ በሚገኝ ጤና ጣቢያ ከ 01/08/2002 ዓ.ም እስከ 30/07/2006 ዓ.ም መስራታቸዋል።
2. በክልላችን በኢሉ አባቦራ ዞን በደሌ ከተማ አስተዳደር ቀበሌ 01 ለቤካም መድሀኒት መደብር በደብዳቤ ቁጥር BEFO/AHITQFFWO/7424 በቀን 11/10/2006 ዓ.ም በስማቸው የመድሀኒት መደብር የብቃት ማረጋገጫ ፊቃድ አውጥተው እስከ 19/02/2011 ስሰሩ ቆይተዋል መመለሳቸውን
3. በክልላችን በሰበታ ከተማ ቀበሌ 01 ለኖቤል መድሀኒት መደብር በደብዳቤ ቁጥር BEFO/AHITQFFWO/1331 በቀን 24/04/2011 ዓ.ም እስከ 30/05/2013 ስሰሩ ቆይተዋል መመለሳቸውን
4. በአድስ አበባ ከተማ በሚገኝ አፍራን አጠቃላይ ሆስፒታል ውስጥ ከ09/07/2013 እስከ 27/06/2014 መስራታቸዋል።
5. በክልላችን በጅማ ከተማ ሳተዳደር ለሄርማታ ቀበሌ ለሕይወት መድሀኒት መደብር በደብዳቤ ቁጥር BEFO/AHITQFFWO/13 በቀን 25/09/2014 ዓ.ም በስማቸው የመድሀኒት መደብር የብቃት ማረጋገጫ ፊቃድ አውጥተው እስከ 12/10/2015 ስሰሩ ቆይተዋል መመለሳቸውን
6. በክልላችን በሸገር ከተማ ፋሪ ክፍለ ከተማ ቤንአልመድሀኒት መደብር በደብዳቤ ቁጥር BEFO/AHITQFFWO/19767 በቀን 12/11/2015 ዓ.ም በስማቸው የመድሀኒት መደብር የብቃት ማረጋገጫ ፊቃድ አውጥተው እስከ 12/12/2016 ስሰሩ ቆይተዋል መመለሳቸውን ተጠቅሰዋል የመልቀቂያ እና ሥራ ልምድ እንዲሰጣቸው በቀን 29/12/2016 ጠይቀውናል።

በዚህ መሠረት ወ/ሮ ነስሪያ ሙሳ ሁሴን ከላይ በተጠቀሱ ጤና ተቋምና መድሀኒት መደብሮች መስራታቸውንና ሲሰሩበት በነበረበት ጊዜ የሰራ ግብር ሲከፍሉ የቆዩ መሆናቸውን እየገለፅን ይህን የስራ ልምድ የሰጠናቸው መሆኑን እንገልጻለን፡፡



ከሰላምታ ጋር !

[Signature]

ዘላለማዊ (BSC)
የፊቃድ አሰጣጥና ምዝገባ አስተባባሪ



ክልላዊ ጤካላዊ ሰነድ
OROMIA NATIONAL REGIONAL GOVERNMENT
ሆኔ ጥንቃቄ ሆር
HEALTH BUREAU

BEFO/AHITQFFWO/1-9/28834
ቀን 22/06/2013
የምዝገባ ቁጥር (Reg.No) ED = 63,898/2013

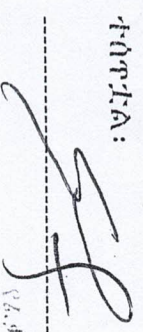
RPL=728

የሙያ ምዝገባና የሥራ ፈቃድ ምስክር ወረቀት

የአ.ት.ቁ.አ.ያ ኤ.ዴ.ራ.ላዊ ዲ.ሞክራሲያዊ ሪፐብሊክ መንግስት የአስፈጻሚ አካላት ስልጣንና ተግባር ለመወሰን በወጣው አዋጅ ቁጥር 661/2002 አንቀጽ 3/3 ሕክልል ጤና ቢሮ በተሰጠው ስልጣንና ተግባር መሠረት፡-

ነስርያ ሙሳ ሁሴን

ተገቢውን የብቃት ደረጃ አሟልተው በአክስፐርት ደረጃውን ተመዝግበው ይህን የሙያ ምዝገባና የሥራ ፈቃድ ምስክር ወረቀት ተሰጥቷል፡


የፊ.ቃድ ክስጣዋና ምዝገባ አስተባባሪ
ፕላንና ድጋፍ (BSc)

ቀን 22/06/2013

Signature of the authorized Personnel
Date (Gregorian) 01/03/2021

NESRIYA MUSA HUSSEN
Having Dully Satisfied the requirements hereby registered and license as
EXPERT DRUGGIST

PROFESSIONAL REGISTRATION AND LICENSING CERTIFICATE
The Regional Health Bureau by Virtue of the power vested in it by the Definitions of powers and Duties of the Executive Organs of Federal Democratic Republic of Ethiopia proclamation Number 661/2009 Article 3(3);

የኃላፊው ፊርማ
ማስጠንቀቂያ

- የሙያ ምዝገባና የሥራ ፈቃድ ምስክር ወረቀት በየአምስት ዓመቱ መታደስ አለበት
- ስምና ፎቶግራፍ ዙፋንበው ሰው በስተቀር ሌላ አካል ሊገለገልበት አይገባም፡፡
- በማንኛውም ምክንያት ቢጠፋ ወዲያውኑ የማይጠቅ ግዴታ አለብዎት፡፡

- This certificate shall be renewed every five years.
- Is unlawful if it is found being used by another person.
- The holder is required to notify as soon as the certificate is lost



ኪያ-ሚዲካል ሚዲካል ኮሌጅ KEA-MED MEDICAL COLLEGE

የኪያ-ሚዲካል ሚዲካል ኮሌጅ የትምህርት ገዢ
በ ኦሮሚያ ባ.ክ. መንግስት
የትምህርት ሚኒስቴር

ዲ.ፕሎማ

በፋኒማሲ ቴክኒሻን

ጥያቄ የወሰደው የዚህ ስም ማረጋገጫ

ከጥቅምት ፩ ጥቅምት ፩ ፳፻፲፱

በ ነገር ፩ መስሪያ ሠራተኛ

ስም:

ሲሞን ምስክር ወንድም ደ.ፕሎማው ሳይ

የኪያ ሚዲካል ኮሌጅ ሲሞን ወንድም

ነጥብ: 10-2000

የሚሰጠው:

The Academic Commission of KEA-MED
Medical College by virtue of the power
vested in it by the Oromiya R/State
Education Bureau hereby certifies that

Alexis Alisa Hussein

having passed and completed a 10+3
training program was awarded.

Diploma

in
PHARMACY TECHNICIAN

with all honors, privileges and obligations
pertaining thereto and witness thereof
has authorized the issuance of this
Diploma duly signed and sealed.

Witnessed at Timma on this 16
of the month of August in the
year 2008

1848

President of the College

Academic Dean of the College

የትምህርት ሚኒስቴር
የኪያ ሚዲካል ኮሌጅ

KEA-MED MEDICAL COLLEGE JIMMA CAMPUS

STUDENT ACADEMIC RECORD

OFFICE OF THE REGISTRAR
P.O. BOX 403 Jimma Ethiopia

Diploma Awarded Date 16 Aug 2006
Department Pharmacy Technician

Full Name - NESRIYA MUSA HUSSEN

Sex-F

ID No KJC/330 / 98

Occupational Title Assistant Mechanics Tech.				Academic Year – 2005/2006		Occupation Title –Dispenser				Academic Year – 2006/2007	
Course No	Course Title	Training Hrs.	Max. Achiev. Mark	Achieved Marks	Course No	Course Title	Training Hrs.	Max. Achiev. Mark			
<u>Year I</u>					<u>Year II</u>						
KMSC 101	Human anatomy and Physiology	80	8	7.20	KMMC 201	DISPENSING	480	35			
KMSC 102	Organic Chemistry	94	9	5.22		In school training	74	5			
KMSC 103	Biochemistry	64	6	4.44		Project work	312	22			
KMSC 104	Pharmaceutical microbiology and parasitology	72	7	5.53		Apprenticeship					
KMSC 105	First aid	25	3	2.76	KMSC 201	Pharmaceutical Calculation	32	3			
KMSC 106	Psychology	28	3	1.56	KMSC 202	Pharmaceutics	80	6			
KMSC 107	Alternative and complementary medicine	50	5	3.70	KMSC 203	Epidemiology	32	2			
KMSC 108	Pharmacology	200	20	14.20	KMSC 204	Professional Ethics and Jurisprudence	32	2			
KMSC 109	Pharmacognocoy	70	7	5.32	KMSC 205	Health and Drug Education	20	1			
KMCC 101	Mathematics I	75	7	6.23	KMCC 201	Mathematics II	75	5			
KMCC 102	English I	75	7	5.11	KMCC 202	English II	75	5			
KMCC 103	Civics I	50	5	3.75	KMCC 203	Civics II	50	4			
KMCC 104	Introduction to IT and basic app.	50	5	3.95	KMCC 204	Intro. to Computer Networking	50	4			
KMCC 105	Entrepreneurship	80	8	6.40	KMCC 205	Small business management	80	6			
TOTAL		1,392	100	75.37	TOTAL		1,392	100			

student copy

student copy

This Transcript will be prepared in 3 copies 1st copy will be given to the trainee 2nd copy for the record office and the 3rd copy will be attached with the certificate when it is sent to be signed by the Bureau head.

THE TRANSCRIPT IS OFFICIAL ONLY WHEN SIGNED AND SEALED BY THE COLLEGE'S REGISTRAR

DATE OF ISSUE

REGISTRAR

Waliigalteen hojii kun Dhaabbataa ~~Wesha~~ Musa Hussen jedhaman jidduutti waliigaltu

hojjataa Obbo/Aadde Wesha 25-02-2017 hundeeffameedha.

2. Teessoo Dhaabbataa Hojjachiisaa (Qaxara) La Fafi

2.1. Maqaa Dhaabbataa Kunssa Qorche Fafi Aanaa Galan Gudduu

2.2. Naannoo Oromia Godina Sheger Lak. bilbilaa 09 65 81 96 90

Ganda _____ Lak. Manaa _____

2.3. L.S.P. _____ Email _____

2.4. Lak. Galmee hayyama daldalaa _____ Qaama Kenneef _____

2.5. Lak. Waraqa Eenuimmaa _____

3. Qacarama (hojjataa)

3.1. Maqaa Guutuu Hojjetaa Wesha Musa Hussen

3.2. Sadarkaa Barumsaa BA Gosa Barumsaa Expert Drugist

3.3. Naannoo Oromia Godina Sheger Aanaa Chefe Karabu

Ganda 08 Lak. Manaa _____ Lak. bilbilaa 09 02 91 79 87

3.4. L.S.P. _____ Email _____ Qaama Kenneef _____

3.5. Lak. Waraqa Eenyummaa _____

4. Kaayyoo Waliigaltee kanaa

4.1. Walitti dhufeenya mirgaa fi dirqama hojjataa fi hojjachiisaa gidduu jiru qixa ifa ta'een kaa'uuf;

4.2. Hojjetichi waa'ee mirgaa fi dirqamaa isaa haalaan akka beeku gochuun guddina omishaa fi omishtummaa tiif haala mijaa'aa uumuu;

4.3. Hojiirra oolmaa labsii fi seerota bahan karaa ifa taheen raawwachuuf akkasumas mirgaa fi dirqamaa hojjataa fi hojjachiisaa hojiirraa oolchuuf;

4.4. Akka amala mana hojiitiin kan biroos dabaluun ni danda'ama.

5. Gosa Hojii fi Haala Kaffaltii

5.1. Gosa Hojii Kunssa Qorche

5.2. Iddoo hojii Galan Gudduu

5.3. Hamma Kaffaltii Mindaa Qarshiin 6000 (Kuma Jala)

5.4. Yeroo kafaltii:- Ji'aan ✓ Guyyoota 15'niin _____ Guyyaa guyyaadhaan _____

5.5. Yeroon kafaltii guyyaa ayyaana uummataa fi guyyaa boqonnaa irraa kan oolu yoo ta'e guyyoota h sana dura jiran keessa kan kanfalamu ta'a.

6. Sa'aatii Seensa fi Bahiinsaa

6. Sa'aatii Seensa fi Bahiinsaa guyyaatti sa'aatii 8, torbanitti sa'atii 48 caaluu hin qabu.

Waaree Booda sa'atii 11:30

9. Dirqama Hojjechiisaa

Dhimmoota labsii kana keewwata 12 keessatti tuqamanii fi haala amala mana hojjichaatiin wantoota galuu qaban kan haammatu ni ta'a;

10. Dirqama Hojjetaa

Dhimmoota labsii kana keewwata 13 keessatti tuqamanii fi haala amala mana hojjichaatiin wantoota galuu qaban kan haammatu ni ta'a;

11. Sirna Adabbii

Akkataa waliigaltee kana ykn dambii ittiin bulmaata dhaabbatichaa ykn waliigaltee gamtaa keessatti ibsameen hojjetaa ykn hojjechiisaa dirqama isaa hin baanee irratti qaamni seeraa tarkaanfii bulchiinsaa fudhachuu ni danda'a;

12. Yeroo turtii waliigaltee

1) Waliigalteen kun 25-02-2017 irraa hanga 25-02-2018 kan turu ta'a ykn

2) Hanga waliigalteen kun xumaramutti kan turu ni ta'a;

13. Dirqama Addaa

1) Ani Nesrya Musa Hussien yeroo turtii waliigaltee gubbaa irratti tuqame irraa kaasee gosa hojii Kulaa Boriche irratti dhaabbata Kulaa Borich Faki tiif kanan qaxarama yommuu ta'u akkataa waliigaltee kana irratti ibsameen dirqama kiyyaa bahuuf dhaabbata na qaxaree waliin waliigaltee kana kanan mallatteessee ta'uu fi yeroo walfakkaataa keessatti dhaabbata walfakkaataa fi hojii walfakkaataa irratti haala kamiin iyyuu kan hin hirmaanne ta'uu fi kan hin qacaramne ta'uu akkasumas yoo qaxaramee argame seeraan kan gaafatamu tahuu koo mallattoo kiyyaan ni mirkaneessa.

2) Ani Fuad Jemal Kama abbaa qabeenya dhaabbatichaa ykn itti gaafatamaa dhaabbata Kulaa Borich Faki jedhamu hojjeetaa maqaan isaa armaan olitti ibsame yeroo dhaabbata kana keessatti qaxaru hojii jalqabuun dura waraqaa qulqulluma fiduu isaa osoo hin mirkaneessin kan hin jalqabsiifne ta'uu fi hojjetaaf iddoo hojii mijataa fi hawwataa uumuuf waliigaluu koo mallattoo kiyyaan ni mirkaneessa.

Hubachiisa

- Qabxiwwaan waliigaltee kana keessatti hin tuqamne hunda akkaataa labsii dhimma hojjataa fi hojjachiisaa 1156/2011 kan rawwatamu ni ta'a;
- Waliigalteen hojii kun koppii sadiin qophaa'ee: 1ffaan hojjachiisaaf, koppii 2ffaan. hojjetichaaf akkasumas koppiin 3ffaa qaama waliigaltee rawwachiiseef hafa.
- Qaami kamiyyuu waliigaltee adda kutuu yommuu barbaadu haala labsii 1156/2011 dursee of eeggannoo kennuu qaba;

Biiroo dhimma hojjataa fi hawaasummaa irraa Too'attonnii Haala Hojii yeroo kamiyyuu dhaabbata keessatti argamanii walitidhufeenya hojjataa fi hojjachiisaa jidduu jiru to'achuu fi hojirraa oolmaa labsii dhimma hojjataa fi hojjachiisaa lakk.1156/2011 fi seeroota dambii hojii kabachiisuuf akkataa labsii 1156/2011 lakk . 178 tiin aangoo kennamera.

• Waliigaltee kennaa

Maqaa Fuad Jemal Kama

Mallattoo 1156

Guyyaa 25-02-2017

Waliigaltee fudhataa

Maqaa Nesrya Musa

Mallattoo 1156

Guyyaa 25-02-2017

Ragoota

1. Haydar Al Raya Mallattoo 1156 guyyaa 25-02-2017
Teessoo _____ Lakk..Bilbilaa _____
2. Isa Hassen Mallattoo 1156 guyyaa 25-02-2017
Teessoo _____ Lakk..Bilbilaa _____
3. Abdusalan Hayru Mallattoo 1156 guyyaa 25-02-2017
Teessoo _____ Lakk..Bilbilaa _____

10/2/2001

1. The first part of the report is a description of the project. It includes a brief history of the project, a statement of the problem, and a description of the objectives of the project. The second part of the report is a description of the methodology used in the project. It includes a description of the data sources, a description of the data collection methods, and a description of the data analysis methods. The third part of the report is a description of the results of the project. It includes a description of the findings, a discussion of the findings, and a conclusion. The fourth part of the report is a description of the conclusions of the project. It includes a description of the conclusions, a discussion of the conclusions, and a conclusion.

Abstract of the report of the committee on the

1900

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1. Introduction

The purpose of this study is to investigate the effects of the proposed system on the performance of the system.

The study is organized as follows:

2. Related Work

3. System Architecture

4. Experimental Setup

5. Results and Discussion

6. Conclusion

The results of the study show that the proposed system significantly improves the performance of the system.

Experiment	Configuration	Performance	Conclusion
1	Baseline	1.0	Baseline
2	Proposed System	1.5	Improvement
3	Proposed System	1.8	Improvement
4	Proposed System	2.0	Improvement
5	Proposed System	2.2	Improvement
6	Proposed System	2.5	Improvement
7	Proposed System	2.8	Improvement
8	Proposed System	3.0	Improvement
9	Proposed System	3.2	Improvement
10	Proposed System	3.5	Improvement

The results of the study show that the proposed system significantly improves the performance of the system.

Experiment	Configuration	Performance	Conclusion
1	Baseline	1.0	Baseline
2	Proposed System	1.5	Improvement
3	Proposed System	1.8	Improvement
4	Proposed System	2.0	Improvement
5	Proposed System	2.2	Improvement
6	Proposed System	2.5	Improvement
7	Proposed System	2.8	Improvement
8	Proposed System	3.0	Improvement
9	Proposed System	3.2	Improvement
10	Proposed System	3.5	Improvement

The results of the study show that the proposed system significantly improves the performance of the system.

The results of the study show that the proposed system significantly improves the performance of the system.

The results of the study show that the proposed system significantly improves the performance of the system.

The results of the study show that the proposed system significantly improves the performance of the system.

Question 1

Which of the following is a correct statement about the function

$f(x) = \frac{1}{x^2}$?

A. The function is increasing on the interval $(0, \infty)$.

B. The function is decreasing on the interval $(0, \infty)$.

C. The function is increasing on the interval $(-\infty, 0)$.

D. The function is decreasing on the interval $(-\infty, 0)$.

E. The function is increasing on the interval $(-\infty, \infty)$.

F. The function is decreasing on the interval $(-\infty, \infty)$.

G. The function is increasing on the interval $(-\infty, 0)$.

H. The function is decreasing on the interval $(-\infty, 0)$.

I. The function is increasing on the interval $(0, \infty)$.

J. The function is decreasing on the interval $(0, \infty)$.

K. The function is increasing on the interval $(-\infty, \infty)$.

L. The function is decreasing on the interval $(-\infty, \infty)$.

M. The function is increasing on the interval $(-\infty, 0)$.

N. The function is decreasing on the interval $(-\infty, 0)$.

O. The function is increasing on the interval $(0, \infty)$.

P. The function is decreasing on the interval $(0, \infty)$.

Q. The function is increasing on the interval $(-\infty, \infty)$.

R. The function is decreasing on the interval $(-\infty, \infty)$.

S. The function is increasing on the interval $(-\infty, 0)$.

T. The function is decreasing on the interval $(-\infty, 0)$.

U. The function is increasing on the interval $(0, \infty)$.

V. The function is decreasing on the interval $(0, \infty)$.

W. The function is increasing on the interval $(-\infty, \infty)$.

X. The function is decreasing on the interval $(-\infty, \infty)$.

Y. The function is increasing on the interval $(-\infty, 0)$.

Z. The function is decreasing on the interval $(-\infty, 0)$.

AA. The function is increasing on the interval $(0, \infty)$.

AB. The function is decreasing on the interval $(0, \infty)$.

AC. The function is increasing on the interval $(-\infty, \infty)$.

AD. The function is decreasing on the interval $(-\infty, \infty)$.

AE. The function is increasing on the interval $(-\infty, 0)$.

AF. The function is decreasing on the interval $(-\infty, 0)$.

AG. The function is increasing on the interval $(0, \infty)$.

AH. The function is decreasing on the interval $(0, \infty)$.

AI. The function is increasing on the interval $(-\infty, \infty)$.

AJ. The function is decreasing on the interval $(-\infty, \infty)$.

AK. The function is increasing on the interval $(-\infty, 0)$.

AL. The function is decreasing on the interval $(-\infty, 0)$.

Checklist for the 1974-75 season

1. Map of the area to be surveyed
2. List of the names of the people to be interviewed
3. List of the names of the places to be visited
4. List of the names of the people to be interviewed
5. List of the names of the places to be visited
6. List of the names of the people to be interviewed
7. List of the names of the places to be visited
8. List of the names of the people to be interviewed
9. List of the names of the places to be visited
10. List of the names of the people to be interviewed
11. List of the names of the places to be visited
12. List of the names of the people to be interviewed
13. List of the names of the places to be visited
14. List of the names of the people to be interviewed
15. List of the names of the places to be visited