

Passport photo

**Application for Recognition of a Third Country Pharmacist Qualification as a Qualification Appropriate for Practice in Ireland**

**Explanatory Note:** Please complete ALL PAGES and ALL SECTIONS of this form. Please complete the form in ink using block letters. ***Please note that incomplete and/or incorrect forms will be considered invalid and will be returned to applicants along with all supporting documentation submitted.***

**Section 1: Personal & Contact Information**

I \_\_\_\_\_ (Name of applicant as on birth certificate/marriage certificate or passport, where appropriate) hereby apply for recognition of my qualification as a pharmacist as a qualification appropriate for practice in Ireland

Correspondence Address:

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Country of Birth:

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Date of Birth:

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Nationality:

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Sex:

Male  Female

Email Address:

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Passport Number:

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Contact Telephone Number:

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Mobile Telephone Number:

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Is this your first application to the PSI, to have your qualification recognised? Yes  No

If answered no above, please indicate date of previous application: \_\_\_\_\_

## Section 2: Details of Applicant's Qualification as a Pharmacist

Nature of Formal Qualification as a pharmacist *(please tick appropriate box below)*:

Registration

License

Degree

Other

If other, please specify \_\_\_\_\_

Name & Address of relevant authority in country in which you obtained your qualification as a pharmacist:

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Please state Registration/License/Identification No. \_\_\_\_\_

## Section 3: Details of Theoretical and Practical Training

Title of Education Qualification as a pharmacist: \_\_\_\_\_

Abbreviation of Title: \_\_\_\_\_

Type of Institution *(please tick appropriate box below)*:

University

Technical Higher Education Institute

If other, please specify: \_\_\_\_\_

Name & Address of educational institution from which Qualification as a pharmacist was obtained:

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Date course commenced: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date course completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this a full-time or part-time course of studies: Full-time  Part-time

Please indicate the language in which this course of studies was undertaken in: \_\_\_\_\_

**Section 4: Details of In-Service (Practical) Pharmacy Training\***

\* Periods of work not relevant to the award of the entitlement to practise as a pharmacist should not be included.

<b>Date started:</b>	<b>Date finished:</b>	<b>Name &amp; Address of Training Establishment:</b>	<b>Nature &amp; Scope of Experience: (community/ hospital/industry/ academic/other):</b>	<b>Average no. of hours worked per week:</b>	<b>Total no. of weeks completed:</b>

**Section 5: Details of Professional Experience as a Pharmacist, including the Nature, Scope and Duration of such Experience**

<b>Date started:</b>	<b>Date finished:</b>	<b>Name &amp; Address of Training Establishment:</b>	<b>Area of practice: (community/hospital/industry/academic/other):</b>	<b>Title/Position held:</b>	<b>Average number of hours worked per week:</b>

**Section 6: Details of any other Post-Graduate Qualifications or Recognitions obtained that Applicant may consider relevant to his or her Application**

<b>Date started:</b>	<b>Date finished:</b>	<b>Name &amp; Address of Awarding Institution:</b>	<b>Title of Qualification Awarded:</b>	<b>Date of Award:</b>	<b>Subjects studied:</b>

**Section 7: Details of any other country/jurisdiction in which application for recognition as a pharmacist was made and the outcome of such application**

Date of Application:	Country(ies)/Jurisdictions where application for recognition was made:	Name & Address of relevant Authority:	Outcome:

**Section 8: Details of the country(ies) jurisdictions in which your Qualification as a Pharmacist is or has been recognized for the purpose of practicing as a Pharmacist or operating a Pharmacy**

Countries/jurisdictions in which entitlement to practice as a pharmacist was recognised:	Name & Address of relevant Authority:	Date first recognised:	Are you currently recognised to practice in that Country/Jurisdiction:		If no, give the date recognition was discontinued & the reason for its discontinuation:
			<u>Yes</u>	<u>No</u>	

## Section 9: Application Enclosures

I enclose the following documents as part of my application for recognition of my qualification, as a qualification appropriate for practice as a pharmacist in Ireland:

- 1) 4 x recent colour passport photographs (taken within the past 12 months) of me, each signed and dated as per the Certificate of Identity Form.
- 2) Certificate of Identity Form, properly completed.
- 3) A photocopy of my birth certificate and original English translation (if applicable).
- 4) A photocopy of my marriage certificate and original English translation (if applicable).
- 5) A photocopy of my current passport and original English translation (if applicable).
- 6) The prescribed Statutory Declaration, properly completed.
- 7) Curriculum Vitae.
- 8) A certified copy of my qualification as a pharmacist in the country/jurisdiction where I obtained such qualification (*Refer to the Information & Explanatory Booklet*).
- 9) The application fee of €1500. Please note that the review of your application may not proceed until payment has been processed and confirmed (*Please refer to the Information & Explanatory*).

## Section 10: Confirmations

Please tick in the appropriate box opposite each statement and sign below:

1)	I have read and understood the Third Country Qualification Information & Explanatory Booklet and I feel that my qualification as a pharmacist meets the minimum standards required under Article 44 of EU Directive 2005/36/EC.	<input type="checkbox"/>
2)	I have requested that the required documentation as set out in this Information & Explanatory Booklet be issued by the relevant Regulatory Authority and educational institute and that it be forwarded directly to the PSI in support of my application. ( <i>Refer to the Information &amp; Explanatory Booklet</i> ).	<input type="checkbox"/>
3)	I understand that the PSI may communicate, as necessary with the relevant regulatory/competent authorities or any appropriate third parties to verify my application documentation.	<input type="checkbox"/>
4)	I understand that an incomplete application may result in my application and its associated documentation being returned to me, and that I will not be deemed to have made an application until I properly complete the prescribed form which must be accompanied by the required support documentation and payment of the prescribed fees.	<input type="checkbox"/>
5)	I understand that if my application for recognition is not completed and all outstanding queries resolved my application cannot go forward for further review until all those queries have been resolved.	<input type="checkbox"/>
6)	I am aware that the making of a statutory declaration that contains information that to my knowledge is false or misleading in any material respect is an offence under section 26(6) of the Statutory Declarations Act 1938 (as amended) and that this is punishable by a fine not exceeding €3000 or imprisonment for a term not exceeding 6 months or both.	<input type="checkbox"/>

Signed: \_\_\_\_\_  
(signature of applicant)

**Section 11: Declaration**

I understand and accept that I have completed this application form fully and that the information provided on this form and all supporting documentation is, to the best of my knowledge, correct, accurate, complete and true.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Please also print name and address of witness:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please post application to:

Third Country Qualification Recognition,  
Registration & Qualification Recognition Unit,  
The Pharmaceutical Society of Ireland,  
PSI House  
Fenian Street  
Dublin 2  
Ireland

*In accordance with the Data Protection Acts 1988-2003, all personal information provided by you will be treated in the strictest confidence and kept secure at all times. The PSI does not release any information you provide to third parties except in accordance with legislative requirements and in accordance with the PSI - Public Registers Terms and Conditions or as set out in the PSI's Registration with the Data Protection Commissioner.*

## FEE PAYMENT SECTION

NAME OF APPLICANT: \_\_\_\_\_

Please complete payment details below.

Payment method (Please tick) [v]

1  Bank Draft/Postal Order

2  Credit Card/Debit Card

Card Type: Visa [ ] MasterCard [ ] Debit Card [ ]

Name as on Card: \_\_\_\_\_

Card no \_\_\_\_\_

Security code: [\_\_\_\_\_] Expiry date: [\_\_\_\_\_]

I authorize that the amount of €1500 be debited from the above account.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

### For Office Use Only:

Name of Applicant: \_\_\_\_\_

Method of payment: Bank Draft  Postal Order  Credit Card  Debit Card

Date fee processed: \_\_\_\_\_

Date receipt issued to applicant: \_\_\_\_\_