



Appointment of a Supervising Pharmacist

Data Protection

The PSI takes its data protection obligations seriously. All personal information submitted by you will be treated in accordance with Data Protection legislation. Please review the Data Protection Statement (bit.ly/PSIDataProtection) on our website for details of our use of your information and your rights in relation to this.



Appointment of a Supervising Pharmacist

A Supervising Pharmacist is a registered pharmacist who has 3 years post-registration experience as defined in Section 25(2) of the Pharmacy Act 2007 and who is in whole-time charge of the carrying on of the retail pharmacy business at the premises of the said business and not at any other premises.

Section A: General Information

Section A1: Supervising Pharmacist details

Name of supervising pharmacist (as it appears of the Register)	
Registration number	
Email address	

Section A2: Retail Pharmacy Business details

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(Pharmacy in respect of which you act as Supervising Pharmacist)

Trading name	
PSI registration number	
Address	
Owner of Pharmacy (Company name, sole trader, etc.)	
Average number of hours per week you work as supervising pharmacist in respect of this pharmacy	

Section B: Declaration by Pharmacy Owner

I/We, being authorised to complete this statement as the pharmacy owner(s) specified in Section A2 of this form, hereby declare:

1. Name _____ Registration Number _____
(Insert name and registration number of the Supervising Pharmacist)

is a registered pharmacist with 3 years' post-registration experience as specified in Section 25(2)¹ of the Pharmacy Act 2007 and holds the post of supervising pharmacist in respect of the Retail Pharmacy Business referred to in Section A2 of this form (see footnote 6).

2. I/We are aware that a change to the supervising pharmacist in this Retail Pharmacy Business must be notified to the PSI and I undertake to do so.

Pharmacy owner type	Corporate Body <input type="checkbox"/> [In the case of a corporate body, the Company Secretary must sign on behalf of the Company] Sole Trader, Partnership, Representative <input type="checkbox"/>
Signature	
Print name	
Capacity of Signatory	
Date	
Signature	
Print name	
Capacity of Signatory	
Date	

¹ Section 25(2) - "3 years' minimum post-registration experience means experience of at least 3 years of-

(a) practising whole-time as a registered pharmacist—

(i) in a retail pharmacy business,

(ii) before the commencement of this Act, in a shop kept open for the dispensing or compounding of medical prescriptions and the sale of poisons, or

(iii) in a combination of both, or

(b) practising whole-time as a pharmacist outside the State in a business corresponding to a retail pharmacy business on foot of a qualification which was (or could have been) the qualification appropriate for practice by reference to which he or she has registered under this Act, or (c) any combination of the types of experience set out in paragraphs(a) and (b)

Section C: Declarations by Supervising Pharmacist

<p>I, _____ being a registered pharmacist with registration number _____ (Print name as it appears on the Register of pharmacists)</p> <p>Declare as follows:</p>	
<p>1. I am a registered pharmacist with 3 years' post-registration experience, as at the date of assuming the position of Supervising Pharmacist, as specified in Section 25(2) of the Act and I hold the post of Supervising Pharmacist in respect of the Retail Pharmacy Business referred to in Part 1 of this form above and in no other premises.</p>	
<p>2. I understand that as Supervising Pharmacist, I am in whole-time charge of the operation of the retail pharmacy business at the premises of this pharmacy and am responsible for operations even when absent. I understand that I must practice at the pharmacy on a consistent and continuous basis and for a significant proportion of the hours of business of the pharmacy.</p>	
<p>3. I am aware that my current certificate of registration must be prominently displayed to the public in the premises in which I am Supervising Pharmacist.</p>	
<p>4. The sale and supply of medicinal products from the Retail Pharmacy Business, the subject of this application, is or will be conducted by or under the personal supervision of a registered pharmacist at all times.</p>	
<p>5. The Retail Pharmacy Business, the subject of this application, will be conducted in compliance with the Regulations made under Section 18 of the Pharmacy Act 2007 for the conduct of retail pharmacy businesses.</p>	
<p>6. I understand that under Section 17(4) of the Act, a change in the ownership of a Retail Pharmacy Business has the effect of cancelling its registration. I undertake forthwith to notify the PSI in the event of such change.</p>	
<p>7. I am aware that if I change my employment and cease to hold the position of Supervising Pharmacist in respect of the Retail Pharmacy Businesses notified in this application, then I undertake forthwith to inform the PSI of such a change.</p>	
<p>8. I am aware that changes of a Registered Pharmacist(s) working in this Retail Pharmacy Business should be notified to the PSI and I undertake to do so.</p>	
<p>9. I am aware of the legal responsibilities of a Supervising Pharmacist under the Pharmacy Act 2007, Regulations made under Section 18 of the Act and I undertake to use my best endeavours to ensure compliance therewith and with any Regulations, Codes of Conduct, Statutory Rules and professional guidelines issued there under.</p>	
Signature of Supervising Pharmacist	
Date	
Date you assume the position of Supervising Pharmacist	

