



# Appointment of a Superintendent Pharmacist by a Sole Trader or Partnership

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## Appointment of a Superintendent Pharmacist

Appointment of the pharmacist by the pharmacy owner as required by Sections 27(b) and 29(b) of the Pharmacy Act 2007

### Section A: General Information

#### Section A1: Pharmacy owner information/details

Type of pharmacy owner	Sole Trader <input type="checkbox"/>
	Partnership <input type="checkbox"/>
	Representative <input type="checkbox"/>
Name of the pharmacy owner(s)	
Registered address	
Correspondence address (if different from the registered address)	

#### Section A2: Details of each Retail Pharmacy Business to which this statement relates (Append a list if necessary)

Trading Name: _____ PSI Reg No: _____	Address: _____ _____
Trading Name: _____ PSI Reg No: _____	Address: _____ _____
Trading Name: _____ PSI Reg No: _____	Address: _____ _____

## Section B: Declarations by Pharmacy Owner

I/We, being authorised to complete this statement as the pharmacy owner(s) specified in Section A1 of this form, hereby declare:

1. Name \_\_\_\_\_ Registration Number \_\_\_\_\_  
(Insert name and registration number of the Superintendent Pharmacist)

has been appointed by the said Pharmacy Owner for the purposes of Section 27(b) and 29(b) of the Pharmacy Act 2007 in respect of the retail pharmacy business(es) to which this Statement relates.

2. The said pharmacist is aware that the part of the business that consists of the management and administration of the sale and supply of medicinal products will be under his or her personal control, and he or she has undertaken to discharge that responsibility, and the pharmacy owner in turn recognises this position as established by Sections 27(b) and 29(b) of the said Act.

3. The said pharmacist is a registered pharmacist with a minimum of 3 years' post-registration experience as set out in Section 25(2)<sup>1</sup> of the Pharmacy Act 2007 and as required by such a pharmacist under the said Act (See footnote 5).

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

5. Provide a statement of the role of the “Superintendent Pharmacist” and of the manner in which that role is to be discharged within the RPB and/or the group of RPBs having regard to the requirements of Section 27(b) and 29(b) of the Act and, in particular, to the role of the superintendent pharmacist as set out in Regulation 5 of the Regulation of Retail Pharmacy Businesses Regulations 2008.

**Provide statement here:**

Signature of Sole Trader / Partner

Print name

Date \_\_\_\_\_

<sup>1</sup> Section 25(2) - “3-year 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 Superintendent Pharmacist

<p>I, _____ being a registered pharmacist with registration number _____  (Print name as it appears on the Register)</p> <p>Declare as follows:</p>	
<p>1. I have been appointed by the aforementioned pharmacy owner(s) as the pharmacist for the purposes of Sections 27(b) and 29(b) of the Pharmacy Act 2007 in respect of the Retail Pharmacy Business(es) to which this statement relates.</p>	
<p>2. I, as such pharmacist, am aware that the part of the business that consists of the management and administration of the sale and supply of medicinal products and will be under my personal control, and I undertake to discharge that responsibility.</p>	
<p>3. I am a registered pharmacist with a minimum of 3 years' post-registration experience, as at the date of assuming the position of Superintendent Pharmacist, as set out in Section 25(2) of the Pharmacist Act 2007 and as required by such pharmacist under the said Act.</p>	
<p>4. The Retail Pharmacy Business(es), to which this statement relates, will be conducted in compliance with the provisions of the Pharmacy Act 2007 and the Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. No. 488 of 2008).</p>	
<p>5. I am aware of the legal responsibilities of such a pharmacist under the Pharmacy Act 2007 and regulations made under Section 18 of the Act and I undertake to use my best endeavours to ensure compliance therewith and with and regulations, codes of conduct, statutory rules and professional guidelines as may, for the time being, be in force.</p>	
<p>6. I am aware that if there is any change to the retail pharmacy business or of the list of retail pharmacy businesses listed in this application, in respect of which I act as superintendent pharmacist, then I undertake forthwith to notify the PSI in the event of such a change.</p>	
Signature of Superintendent Pharmacist	
Date	
Date you assume the position of Superintendent Pharmacist	
Professional contact address	
Email address	