

CANCELLATION OF REGISTRATION AS A PHARMACEUTICAL ASSISTANT ON REQUEST

(Voluntary Cancellation in accordance with Section 59 the Pharmacy Act 2007)

Please complete this form if you wish to have registration cancelled on request under S 59 of the Pharmacy Act 2007 (as amended). Please complete the form in ink using block capital letters. Please note that incomplete and/or incorrect forms will be considered invalid and will be returned to applicants.

To: The Registrar, Pharmaceutical Society of Ireland, PSI House, Fenian Street, Dublin 2, Ireland:

Name (in full): _____

Registration Number: _____

Correspondence Address: _____

Contact Telephone Number: _____

Email Address (print legibly): _____

Declarations:

	Please Initial
I wish to voluntarily cancel my registration in the Register of Pharmacists in accordance with S59 of the Pharmacy Act 2007. I understand that should I wish to practise as a Pharmacist again in Ireland at a later stage I will be required to apply for and undertake a restoration process to be restored to the Register of Pharmacists.	
I understand that by cancelling my registration as a Pharmacist will no longer be entitled to practise in Ireland and my name will not appear in the Register of Pharmacists as of the confirmed date of cancellation of my registration.	
I am not the subject of any current or pending disciplinary proceedings in Ireland under the provisions of Part 6 of the Pharmacy Act 2007, as amended, or any other similar legislation in any other jurisdiction.	

I understand and authorise the Council of the PSI to cancel my registration as a pharmacist in accordance with S59 of the Pharmacy Act 2007.	
I understand the requirement and undertake to return my current Certificate of Registration (if applicable) to the Pharmaceutical Society of Ireland.	

Reason for Voluntary Cancellation:

	Please Tick
Study Leave	
Retirement	
Emigration	
Return Abroad	
Other	

Effective Date of Cancellation, Signature and Date:

Date on which you wish your cancellation of registration to take effect: _____

Signature: _____

Date: _____

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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.

