

COVID-19 Section 77¹ Restoration Application Form for Pharmacists

Important Information:

- This is an application to be named on the Register while the Covid-19 pandemic is in being – this form may only be used if you were previously registered as a pharmacist in Ireland with the PSI.
- No fee is required to be paid with this application
- Please note the term ‘Section 77 Registration’ will be displayed immediately after your surname on the Register, for example, John Murphy – **Murphy Section 77 Registration**
- Restorations to the Register made under Covid-19 Section 77 are temporary registrations and will automatically cease after the Covid-19 pandemic emergency has been declared to have passed by Government

Please note: All personal information submitted by you will be treated in accordance with DataProtection legislation. Please review the [Data Protection Statement](#) on our website for details about our use of your information, your rights in relation to this, and the measures we have in place to safeguard your information.

1. Personal Information	
Title:	Mr Ms Mrs Miss Dr
Full name (as per birth certificate)	
Address	
Contact phone number	
Email	
PSI Registration Number	
When was your registration last cancelled with the PSI? (tick as applicable)	<input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6 months to 1 year <input type="checkbox"/> 1 to 3 years <input type="checkbox"/> More than 3 years
Reason for cancellation from the Register: (e.g. retirement, emigration, maternity leave, involuntary cancellation - Section 60, career break)	

¹Section 77 of Pharmacy Act 2007 as inserted by part 4 of the Emergency Measures in the Public Interest (COVID-19) Act 2020

2. Practice Since Cancellation From the Register of Pharmacists In Ireland

Have you been practising or operating a pharmacy in another jurisdiction? Yes No

If you have answered 'Yes', please give detail below:

Name of body registered with:	
Registration number with that body:	
Date first registered:	
Date discontinued (if not currently registered with the body):	
Are you or have you ever been sanctioned, restricted or prohibited from practising as a pharmacist in any other jurisdiction?	

Are you currently or have you previously been registered with any other health and/or social care regulatory bodies in any country (for example, include Medical Council, CORU etc)? Yes No

If you have answered 'Yes', please give detail below:

Name of body registered with:	
Registration number with that body:	
Date first registered:	
Date discontinued (if not currently registered with the body):	
Are you or have you ever been sanctioned, restricted or prohibited from practising or carrying on, any other practice, profession or occupation which consists of the provision of health or social care services?	

3. Declarations		Yes	No
a.	I have a sufficient level of competence in the English [or Irish] language(s) to practise pharmacy safely, communicate effectively with the public, patients, other health professionals and other people I may come in contact with over the course of my duties as a registered pharmacist, and am able to discharge the professional responsibilities of a registered pharmacist.		
b.	I have no physical or mental health condition that will impair my ability to practise safely. (Please refer to Guidance Notes attached)		
c.	I am not aware of any deficiencies in my character, reputation or record of my professional conduct in Ireland or any other country, within the meaning of the Pharmacy Act 2007 as amended.		
d.	I have not ever been convicted of a criminal offence under Irish law or under the law in any other jurisdiction. (Please refer to Guidance Notes attached)		
e.	I have not ever been sanctioned, restricted or prohibited, in connection with practising as a pharmacist and/or operating a pharmacy in any other jurisdiction. (Please refer to Guidance Notes attached)		
f.	I have not ever been sanctioned, restricted or prohibited from practising or carrying on, any other practise, profession or occupation which consists of the provision of health or social care services. (Please refer to Guidance Notes attached)		
g.	I will undertake to complete a self-assessment against the Core Competency Framework to assess competency and learning needs and will practice at all times in accordance with the Code of Conduct for Pharmacists and within the parameters of my professional competence.		
h.	The information I have provided in this form and in any supporting documents is full and accurate and I understand that, if I am found to have given false or misleading information, I may be subject to Fitness to Practise proceedings under Part 6 of the Act.		

Signature Date

I consent to the PSI processing data about me for the purpose of complying with its statutory duties in respect of public protection and ensuring that its registrants are fit to practise and for PSI to supply other competent authorities with such information as the PSI deem appropriate in the carrying out of its statutory duties.

Signature Date

4. Further Information in Relation to Declarations b, d, e & f (if applicable)

Table 1: Health Matters

Details of any physical/mental health condition which could impact your ability to practice including alcohol and/or drug dependence	
Detail of any Pending Fitness to Practice proceedings associated with your Health Condition	
Any further information that may be appropriate for PSI to be aware of.	

Table 2: Criminal Offense

Name of Country/State/Region:	
Name & address of Court:	
Nature of offence:	
Date of offence:	
Penalty/Sanction imposed:	

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**Table 3: Sanctions/Restrictions/Prohibitions
(in relation to Pharmacy or any other Health or Social Care Profession)**

Name of Country/ State / Region where sanction imposed	
Date of finding/sanction:	
Sanction Imposed or any undertaking(s) provided	
Circumstances of the events leading to the sanction:	

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