

RPBSV.2016.001

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 A.1: Supervising Pharmacist Information

Name of Supervising Pharmacist <i>(as it appears on the Register)</i>	
Registration Number of Supervising Pharmacist	
Residential Address of Supervising Pharmacist	
Preferred Email Contact Address of Supervising Pharmacist	
Mobile Number of Supervising Pharmacist	

Section A.2: Retail Pharmacy Business (RPB) Details (RPB in respect of which you act as Supervising Pharmacist)

Trading Name of the RPB	
Address of the RPB	
Owner of RPB (Company Name, Sole Trader Name etc)	
Average no. of hours per week that you work as Supervising Pharmacist in respect of this RPB?	

Section B: Declaration on behalf of Pharmacy Owner

I/We, being authorised to complete this Statement on behalf of the Pharmacy Owner specified in Section A.2 of this form, hereby declare:

1. Name: _____ Reg No.: _____
 [Insert name and registration number of Supervising Pharmacist]

Is a registered pharmacist with **3 years of post-registration experience** as specified in Section 25(2) of the Pharmacy Act 2007 and holds the post of Supervising Pharmacist in respect of the Retail Pharmacy Business referred to in Section A.2 of this form (*see footnote 1*)

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 so to do.

Pharmacy Owner Type:

Corporate Body (Company)

[In the case of a corporate body, the Company Secretary must sign on behalf of the Company]

Sole Trader, Partnership, Representative

Signed:

Print Name: _____

Capacity of Signatory: _____

Signature: _____

Signed:

Print Name: _____

Capacity of Signatory: _____

Signature: _____

Date:

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: Declaration of Supervising Pharmacist

I, _____
[Name as it appears on the Register of Pharmacists]

being a registered pharmacist with registration number: _____

DECLARE that:

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.
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.
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.
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.
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.
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.
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.
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 so to do.
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

Signature of Supervising Pharmacist:

Date you are assuming the position of Supervising Pharmacist:

Fee Payment - Change of Supervising Pharmacist

- The application fee for Change of Superintendent/Supervising Pharmacist is €85.
- Please complete the section below, and enclose the application fee.

Trading Name of Pharmacy			
Pharmacy Registration Number			
Address of Pharmacy			
Payment Method (please tick as appropriate)	• Postal Order/Bank Draft/Cheque (please attach) <i>Made payable to The Pharmaceutical Society of Ireland</i>	<input type="checkbox"/>	
	• Credit/Debit Card (complete section below)	<input type="checkbox"/>	

Card Payment Details

Card Type	Visa	<input type="checkbox"/>	MasterCard	<input type="checkbox"/>
Cardholder Name				
Card Number				
Expiry Date				
Security Code				
I authorise the PSI to charge the above card with the following amount: €85				
Signature of Cardholder: _____ Date: _____				

Please return the application to:
Inspection & Enforcement Unit
The Pharmaceutical Society of Ireland
PSI House, Fenian Street,
Dublin 2, D02 TD72

Telephone: (01) 218 4000
Website: www.psi.ie