

RPBSI.2016.002

Appointment of a Superintendent Pharmacist

Statement by the Pharmacist and on behalf of the Corporate Body as required under Section 28(a) of the Pharmacy Act 2007

Section A : General Information

Section A.1: Pharmacy Owner Details

Name of Corporate Body (Company)	
Registered Address of Company	
Company Registration Number	
Address for Correspondence (if different from Registered Company Address)	

Section A.2: 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: _____ _____
Trading Name: _____ PSI Reg No: _____	Address: _____ _____

Section B: Declaration on behalf of a Corporate Body

I, being the Company Secretary of the Corporate Body specified in Section A.1 of this form, hereby **declare**:

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

has been appointed by the said corporate body for the purposes of Section 28(a) 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 of the corporate body 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 corporate body in turn recognises this position as established by Section 28(a) 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) of the Pharmacy Act 2007 and as required by such a pharmacist under the said Act (See footnote 1).

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. Please provide a statement as to the structures in place and details of how the Superintendent Pharmacist performs the role of Superintendent Pharmacist in the company;

Signature of Company Secretary:

Date:

Section C: Declaration by the Superintendent Pharmacist

I, _____ being a registered pharmacist with registration no. _____
 [Name as it appears on the Register of Pharmacists]

DECLARE that:

1. I have been appointed by the aforementioned corporate body as the pharmacist for the purposes of Sections 28(a) of the Pharmacy Act 2007 in respect of the Retail Pharmacy Business(es) to which this Statement relates.	
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 will be under my personal control, and I undertake to discharge that responsibility.	
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 Pharmacy Act 2007 and as required by such a pharmacist under the said Act.	
4. I am a Director in the corporate body (if applicable) Please Tick: Yes <input type="checkbox"/> No <input type="checkbox"/>	
OR	
I am an office-holder in the corporate body (if applicable) Please Tick: Yes <input type="checkbox"/> No <input type="checkbox"/>	
If an office-holder, please specify the nature of the office held: _____	
5. 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).	
6. 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 any Regulations, Codes of Conduct, Statutory Rules and professional guidelines as may, for the time being, be in force.	
7. I am aware that if there is any change to the Retail Pharmacy Business(es) in respect of which I act as Superintendent Pharmacist, then I undertake forthwith to notify the PSI in the event of such change.	
Signature of Superintendent Pharmacist:	
Date you are assuming the position of Superintendent Pharmacist:	
Professional Contact Address:	
Mobile Number of Superintendent Pharmacist:	
Email Address of Superintendent:	

Fee Payment - Change of Superintendent 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)	<ul style="list-style-type: none">• Postal Order/Bank Draft/Cheque (please attach) <i>Made payable to The Pharmaceutical Society of Ireland</i>	<input type="checkbox"/>	
	<ul style="list-style-type: none">• 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