

European Route of Qualification Recognition and Registration

Application Pack

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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.

About the European Route of Registration

This route of application is for pharmacists who are entitled under [European Union \(EU\) free movement directives](#) to make an application to register in Ireland with the PSI if:

- they hold a pharmacist qualification from an EU or European Economic Area (EEA) member state, **and**
- they are nationals of a EU/ EEA member state, or hold an enforceable community right.

Three stages must be completed in order to complete registration as a pharmacist. These are:

- Qualification Recognition process
- Demonstration of Language Competence
- Registration process

All qualifications must be recognised before you can complete registration with the PSI. There are two different ways that applications can be completed. Please read the instructions below along with details available on the [PSI website](#), where you will find monthly timelines for applications.

Instructions for Completing Your Application

Please read the instructions carefully before you begin.

This pack consists of **three** parts.

- **Part A – Information about the Applicant** must be completed by all applicants.
- **Parts A, B and C should be completed if you are applying to have both your qualification recognised and for registration.** If you are applying to have your qualification recognised in Ireland in accordance with Article 21 or Article 23 of [Directive 2005/36/EC](#) (as amended by Directive 2013/55/EU) and you also wish to apply to register as a pharmacist in Ireland, you will need to complete ALL parts of this form.
- **If you are applying only to have your qualification recognised please complete Parts A and B.**
- **Parts A and C should be completed if your qualification has already been recognised by the PSI and you have a European Professional Card (EPC) or a Certificate of Qualification Recognition** issued in accordance with Directive 2005/36/EC, and you wish to make an application to **register only**, as a pharmacist.
- All information must be provided in the required sections. An incomplete form will be considered invalid and will be returned to you. Please type or use handwritten **Block** letters in black ink to complete the application form.
- Please do not enclose original documents. You must provide **copies** of the documents indicated.
- If your documents are not in English or Irish, you must provide certified translations with the application.

Part A – Information about the Applicant

Part A must be must be completed by all applicants

Section 1: Personal Information

First name	
Surname	
Full names at birth if different	
Date of birth (dd/mm/yyyy)	
Place of birth	
Nationality	

You must enclose a copy of your birth certificate. If your name has changed, you must enclose a copy of a relevant certificate or other documentary evidence.

Section 2: Contact Details

Correspondence address (including postcode and country)	
Telephone number	
Mobile number	
Email address	

Section 3: Proof of Identity

Type of identity document provided	Passport /national ID card (delete as relevant)
Passport/National ID card number	
ID expiry date	
Country of issue	

The PSI accepts a passport or a national identity card as proof of identity. You must enclose a copy of your passport or national ID card, along with a certified translation.

Section 4: Checklist

Please tick to confirm **copies** of the following documents are enclosed.

Please do not provide the original documents.

- a. Your birth certificate and certified translation
- b. Document confirming any change of name and certified translation (if relevant)
- c. Passport/national ID card

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Part B – Recognition of Qualification

Regime: Automatic Recognition

Purpose: Establishment

Part B must be completed if you are applying to have your qualification recognised in Ireland in accordance with Articles 21 or 23 of Directive 2005/36/EC (as amended by Directive 2013/55/EU).

Automatic recognition is based on having a compliant qualification or specific experience under acquired rights.

Section 1: Pharmacy Qualification

Please provide details about the qualification that entitles you to practise as a pharmacist

Qualification title (as shown on certificate)	
Name of awarding body	
Date of commencement of pharmacy programme	
Length of pharmacy programme	
Date of award of your qualification (dd/mm/yyyy)	
Country of qualification	
Name of competent authority, university or body	

You must provide a copy of the qualification that entitles you to practise as a pharmacist, along with a certified translation.

Section 2: Details of In-service Training leading to Entitlement to Practise

*this relates to formal supervised in-service training completed as discrete continuous periods. Periods of vacation work not leading to the award of the entitlement to practise pharmacy should not be included.

Date started:	Date finished:	Name and address of premises	Area of practice: (community, hospital, industry, academic)	Average no. of hours worked per week:	Total no. of months training completed:

Section 3: Pharmacy Qualification Directive Compliance

In order for the PSI to recognise your qualification, the pharmacist competent authority in your home state must issue a certificate on your behalf that confirms how your qualification is compliant with Article 21 or 23 of Directive 2005/36/EC. The certificate should be sent directly to the PSI by the competent authority.

Please provide details of your request for a certificate of compliance.

Compliance information type	Date requested	Name of the competent authority
Article 21/23 certificate		

Section 4: Payment of Fee

Please refer to the PSI Fees Form attached and complete accordingly.

Section 5: Health Status Declaration

Please complete the Health Status Declaration Form on page 22 in the presence of a registered medical practitioner. The Health Declaration form may be completed by a registered Medical Practitioner in any jurisdiction.

Please note that the Health Declaration is valid for three months only from the date of signing by the medical practitioner.

Section 6: Current and Previous Registration as a Pharmacist/Certificates of Current Professional Status

You must request a Certificate of Professional Status/Good Standing from each registration authority that you are currently registered with, or have been registered with in the previous five years. Certificates of Current Professional Status must be sent directly to the PSI from the competent authority or authorities on the applicant's behalf.

Please note that Certificates of Professional Status/Good Standing are valid only for 3 months from the date of issue.

The Certificate of Current Professional Status/Good Standing is required to comply with the requirements of Annex VII of the EU Directive.

Countries/regions in which you are registered/entitled to practise as a pharmacist	Name and address of registration authority	Registration dates		Certificate request date (dd/mm/yyyy)
		From (dd/mm/yyyy)	Until (dd/mm/yyyy)	

Section 7: Checklist

Please tick to confirm **copies** of the following documents are enclosed or have been requested from the relevant competent authority and regulatory bodies.

Please do not provide the original documents.

- a. Your qualification certificate and (certified translation)
- b. Your licence to practise pharmacy, if relevant, and certified translation
- c. Article 21/23 compliance certificate requested from competent authority
- d. Payment Fee Form
- e. Health Status Declaration Form
- f. Certificate of Current Professional Status/Good Standing requested from all relevant regulatory authorities

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Section 8: Confirmation

I authorise the PSI to communicate as necessary with the Member State competent authorities or appropriate third parties to verify my application.

I understand that the PSI will not otherwise discuss my application for recognition of my qualification with anyone other than me, unless authorised in writing by me to do so.

I confirm that the information provided is, to the best of my knowledge, true and accurate, and I understand that providing misleading, inaccurate or untrue information may impact this application or any future applications with the PSI, or other professional regulatory bodies.

I understand that the relevant competent authority will forward the compliance information requested by me directly to the PSI.

I understand that the relevant Regulatory Authority/ies will forward the Certificate of Current Professional Status requested by me directly to the PSI.

Signature: _____

Date: _____

Part C – Application for Registration

On the basis of automatic recognition based on the qualification or acquired rights.

Part C should be completed if your qualification has already been recognised by the PSI and you are applying to the PSI to register to practise as a pharmacist in Ireland. Please note that unless you hold registration with the PSI, you cannot practise as a pharmacist in Ireland.

Please note that completing this form does not constitute an approved registration. You must not practise as a pharmacist in Ireland until you receive notification from the PSI that your name has been entered in the Register of Pharmacists.

Notarised copies are not required.

Section 1: Previous Application for Registration

Have you previously applied for registration with the PSI? **Yes** ☐ **No** ☐

If **yes**, please state the year of the previous application _____

Section 2: European Professional Card (EPC)

This is only relevant if you have applied through the electronic process from your home state

Date of issue/request	EPC number (if known)

If you have already been issued an EPC, please provide a copy.

Section 3: Qualification Recognition Certificate

This is only relevant if you have applied through the paper-based process with PSI

Recognition Certificate number: _____

If you have already been issued with a Qualification Recognition Certificate, please provide a copy.

Section 4: Current and Previous Registration as a Pharmacist/Certificates of Current Professional Status

You must request a Certificate of Professional Status/Good Standing to be sent to the PSI from your initial registration authority and from each registration authority that you are currently registered with or have been registered with in the previous five years. Please note that Certificates of Current Professional Status are valid for 3 months only from the date of issue.

The Certificate of Current Professional Status is required to comply with the requirements of Annex VII of the Directive.

Countries/regions in which you are registered/entitled to practise as a pharmacist	Name and address of registration authority	Registration dates		Certificate request date (dd/mm/yyyy)
		From (dd/mm/yyyy)	Until (dd/mm/yyyy)	
If you have already completed section 5 of Part B, you do not need to fill this out				

Section 5: Practice as a Pharmacist

- a. Have you ever practised as a pharmacist in an independent and unsupervised capacity?

Yes ☐ No ☐

If **Yes**, please provide details of your practice on **Supplementary Sheet No. 1**.

- b. Are you, have you been, or are you currently in the process of being sanctioned, restricted or prohibited in connection to your practice as a pharmacist or operation of a pharmacy in any country/state/region?

Yes ☐ No ☐

If **Yes**, please provide details on **Supplementary Sheet No. 2**.

Section 6: Other Professional Practice

- a. Are you, or have you ever been qualified/entitled to practise as another regulated health or social care professional in any country/state/region (including Ireland)?

Yes ☐ No ☐

If **Yes**, please state the profession

- b. Are you, have you been or are you currently in the process of being sanctioned, restricted or prohibited from practising or carrying on any other regulated health or social care profession in any country/state/region (including Ireland)?

Yes ☐ No ☐

If **Yes**, please provide details on **Supplementary Sheet No. 3**.

Section 7: Convictions

Have you, or have you ever been, convicted of an offence in a court in Ireland?

Please note that you do not need to tell us about a conviction in a Court in Ireland which is 'spent', under the Criminal Justice (Spent Convictions and Certain Disclosures) Act, 2016. Information on whether a conviction is spent is available on the PSI website :

http://www.thepsi.ie/gns/Registration/Pharmacists/Continued_Registration.aspx

Have you ever been convicted of an offence in a Court outside Ireland (ie in Northern Ireland or in any other jurisdiction)

Please note that you do not need to tell us about a conviction in a Court outside of Ireland which is not referred to in our guidance on disclosure of convictions obtained outside of Ireland.

Information can be accessed at:

http://www.thepsi.ie/gns/Registration/Pharmacists/Continued_Registration.aspx

Yes ☐ No ☐

If **Yes** to either of the above, please provide details on **Supplementary Sheet No. 4**.

Section 8: English or Irish Language Competence

Please note that the Irish and English languages are the official languages of Ireland.

- i. Is the Irish language a national language of the country where you completed your pharmacy programme? **Yes** ☐ **No** ☐
- ii. Is the English language a national language of the country where you completed your pharmacy programme? **Yes** ☐ **No** ☐

If **Yes** to either i or ii above, please confirm by signing below:

- a. I confirm that when practising in Ireland, I understand I will be required to perform the professional duties of a pharmacist through the Irish or English language.
- b. I confirm that I acknowledge that it is essential for the purposes of patient safety that I am able to communicate effectively through the Irish or English language with patients, health professionals and others, and that they are fully able to understand the advice and information I provide.
- c. I consider myself to have a sufficient level of competence in the Irish or English language to practise pharmacy safely and discharge in full the professional responsibilities of a registered pharmacist to ensure that patients are protected at all time.

Signature: _____

Date: _____

If you have not answered **Yes** to **either i or ii above**, you will be required to provide evidence of language competency. **Information on the standards to be met can be accessed at:**

<http://www.thepsi.ie/gns/Registration/Pharmacists/First Time Registration /Language Requirements .aspx>.

Section 9: Payment of Fee

Please refer to the PSI Fees Form attached and complete accordingly.

Section 10: Submission of Photographs

Please complete the Submission of Photograph Form on page 21 and submit a passport type photograph (can be taken on your smartphone) and send as an attachment with your application form via email.

Section 11: Health Status Declaration

Please complete the Health Status Declaration Form on page 22 in the presence of a registered medical practitioner in any jurisdiction.

Please note that the Health Status Declaration is valid for three months from the date of signing by the medical practitioner.

If the Health Status Declaration has been submitted for the purposes of an EPC or for recognition of your qualification via the paper-based method you do not have to provide a new certificate unless it has expired when you should provide a new one.

Section 12: Certificate of Current Professional Status

Please note that a Certificate of Current Professional Status/Good Standing is valid for three months from the date of issue. If the certificate provided for the purposes of an EPC or for recognition of your qualification has expired, please request the relevant regulatory body to provide the PSI with an updated certificate.

Section 13: Statutory Declaration

Please complete the Statutory Declaration on page 24.

The declaration must be made in the Republic of Ireland in the presence of a Peace Commissioner or Solicitor or Commissioner for Oaths.

Section 14: Confirmation

I confirm that:

1. I authorise the PSI to communicate as necessary with the Member State competent authorities or appropriate third parties to verify my application.
2. I understand that the PSI will not otherwise discuss my application for registration with anyone other than me.
3. I have sufficient knowledge and competence in the Irish or English language, both written and spoken, in order to practise safely as a pharmacist in Ireland and to fully discharge the professional responsibilities of a registered pharmacist to ensure that patients are at all times protected.
4. I confirm that the photograph submitted as part of this application is a recent and true photograph of myself.

5. I understand that incorrect or incomplete application forms will be returned to me and I will not be deemed to have made a valid application until I properly complete the form (enclosing all required documents). I also understand that if application for registration is not completed and any outstanding issues remain unresolved by the specified completion deadline, my application may not progress for review until all outstanding issues are resolved.
6. I understand that the discovery of false, incorrect, fraudulent or misleading information, or a failure to provide relevant information, in this application for registration, will be taken seriously by the PSI and might result in my name being erased from the Register of Pharmacists.
7. I understand that I shall be entitled to practise as a pharmacist in Ireland only from the date my name is entered in the Register of Pharmacists.
8. I am not the subject of any legal or disciplinary proceedings in Ireland or in any other jurisdiction.

Signature: _____ Date: _____

Section 15: Declaration

I declare that I have completed this application form fully and that the information provided on this form is, to the best of my knowledge, complete and correct.

Signature: _____ Date: _____

Signature of witness: _____ Date: _____

Name/address of witness¹ _____

¹ This declaration may be witnessed by any individual known to the applicant

Section 16: Checklist

Please tick to confirm the following documents are completed, enclosed or have been requested from the relevant competent authority.

- | | |
|--|--------------------------|
| a. A copy of EPC/Qualification Recognition certificate (if already issued) | <input type="checkbox"/> |
| b. All relevant Certificate documents have been requested from appropriate regulatory bodies | <input type="checkbox"/> |
| c. Supplementary Sheet 1 (if required) | <input type="checkbox"/> |
| d. Supplementary Sheet 2 if required) | <input type="checkbox"/> |
| e. Supplementary Sheet 3 (if required) | <input type="checkbox"/> |
| f. Supplementary Sheet 4 (if required) | <input type="checkbox"/> |
| g. Copies of evidence of Irish or English language competence (if required) | <input type="checkbox"/> |
| h. Payment Fee Form | <input type="checkbox"/> |
| i. Submission of Photograph Form | <input type="checkbox"/> |
| j. Passport type photograph | <input type="checkbox"/> |
| k. Health Status Declaration Form | <input type="checkbox"/> |
| l. Statutory Declaration Form | <input type="checkbox"/> |
| | <input type="checkbox"/> |

Supplementary Sheet 1

Information relating to your practice as a pharmacist in an independent and unsupervised capacity

Name and address of practice premises	Practice dates		Area of practice (Community, Hospital, Industry, Academic)	Job title	Average weekly hours
	From (dd/mm/yyyy)	Until (dd/mm/yyyy)			

Supplementary Sheet 2

Information relating to any past, present or proceeding sanctions, restrictions or prohibitions connected to your practice as a pharmacist/entitlement to operate a pharmacy.

Please complete, providing as much information as possible.

Name and address of regulatory authority	Circumstances relating to your practice being sanctioned, restricted or prohibited	Sanction imposed

Supplementary Sheet 3

Information relating to any past, present or proceeding sanctions, restrictions or prohibitions connected to your professional practice in any other regulated health or social care profession.

Please complete, providing as much information as possible.

Name and address of regulatory authority	Circumstances relating to your practice being sanctioned, restricted or prohibited	Sanction imposed

Supplementary Sheet 4

Information relating to any past or present convictions.

Please complete, providing as much information as possible.

Country/State (including Ireland)	Nature of the conviction	Sanction imposed

Submission of Photograph Form

For the purposes of applications to register with the Pharmaceutical Society of Ireland (PSI).

First name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please provide one recent passport type/sized photograph. Sign and date this form and return with all documentation accompanying the application to register.

I confirm that:

1. The photograph provided is recent.
2. I have printed my name in block capitals on the reverse side of the photograph.
3. A registered legal or healthcare professional has signed and dated the photograph, and certified that the photograph is a photograph of me and is a true likeness.
4. I am submitting this photograph and confirmation for the purposes of my application for registration as a pharmacist under sections 14(1) and 16(2) of the Pharmacy Act 2007 (as amended)

Signature: _____

Date: _____

Witnessed by: _____

Name: _____

Address: _____

Registering body of witness: _____

Registration no. of witness: _____

Please
Submit photograph

I certify that the photograph signed and dated by me is a photograph of the applicant and is a true likeness of the applicant.

Signature: _____

Date: _____

Health Status Form - [for the purposes of registration as a pharmacist]

DECLARATION BY APPLICANT

(to be signed by the applicant in the presence of the registered medical practitioner)

I, the undersigned, wish to undergo a medical examination for the purposes of obtaining registration as a pharmacist, which may include taking sole charge of a community or hospital pharmacy

Name of Applicant:

(Name in full as it appears on the proof of identity provided)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Of:

(Address of Applicant)

Date of Birth: _____

Signed: _____ Date: _____

(Signature of Applicant)

Medical Practitioner Certification

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

I, the undersigned registered medical practitioner, hereby certify that:

- The applicant has signed the above declaration in my presence
- I have examined the applicant with regard to his/her physical and mental health

My opinion as to the state of the applicant's physical or mental health is as follows:

The examination did not disclose any reason on grounds of physical or mental health why s/he should not be able to discharge the responsibilities of a registered pharmacist.

Yes ☐ No ☐

If **no**, state reasons below

Signed: _____ Date: _____
(Signature of medical practitioner)

Print name: _____

Registration number: _____

Practice address: _____

Telephone number: _____

Official Surgery Stamp

Statutory Declaration Form

(To be completed in the presence of a Peace Commissioner or Solicitor or Commissioner for Oaths in the Republic of Ireland).

In the matter of Part 4 of the Pharmacy Act 2007

and

**In the matter of Part 3 and Schedule 1 of the Pharmaceutical Society of Ireland (Registration) Rules 2008
(SI. 494 of 2008)**

and

In the matter of an application by:

[Insert applicant's full name]:

to have his/her application for registration as a pharmacist considered by the PSI for practice in the State

I,

[insert applicant's name]

Of


[insert applicant's usual residential address]

do solemnly and sincerely declare as follows:

1. I, _____ *[insert applicant's name]*
am one and the same person as the applicant in the Form of Application for registration as a pharmacist to which this declaration relates.
2. All the information provided by me in the said application form is, to the best of my knowledge, information and belief, true, accurate, correct and complete.
3. The copies of my birth certificate, my current passport (and if applicable my marriage certificate) which accompany my said application are true copies of the original documents which are themselves authentic.

4. The passport sized photograph which I have provided as part of this application represents a true current likeness of me the declarant.
5. Insofar as there is any difference between my name as it appears in the said Form of Application and/or in this declaration and/or in the various documents which accompany it, I say that I am one and the same person as the person named and I will, if called upon by PSI provide further evidence to that effect.
6. I consider that I have sufficient competence in the Irish or English language necessary to fully discharge my professional obligations as a pharmacist.
7. If it is considered that I do not have sufficient competence in the Irish or English language necessary to fully discharge my professional obligations as a pharmacist, I attest that I will undertake to acquire this competence.
8. I declare that I am aware of the legal, moral and ethical principles which govern the profession of pharmacist in the State and that I have read, understood and agree to abide by the Code of Conduct for Pharmacists as published by the PSI and as may be updated from time to time.
9. I declare that I have not been prohibited under the law of another state from carrying on any activity in that state corresponding to the practice of a pharmacist or the carrying on of a retail pharmacy business, or convicted in Ireland or another state of an offence the nature of which has, in the opinion of the Council, a bearing on my fitness to practice.
10. I declare that I have not been prohibited from practising any profession or occupation which mainly consists of the provision of health (including animal health) or social care services in Ireland or any country.
11. I declare that I am not aware of any reason on grounds of physical or mental health why I might be unable to discharge the responsibilities of a registered pharmacist if so registered
12. I declare that there is nothing in my past history, conduct or character that, having regard to patient (including animal health) safety and public health, would render it unsafe for me to be permitted to undertake the practice of pharmacy in Ireland.
13. I am aware that under Section 6 of the Statutory Declarations Act 1938 (as amended), it is in Ireland a criminal offence, punishable by fine and/or imprisonment, for a person to swear a Statutory Declaration which contains information that is to their knowledge false or misleading.

I make this solemn declaration conscientiously believing all of this to be true, for the benefit of the Pharmaceutical Society of Ireland by virtue of the Statutory Declarations Act 1938 (as amended).


[insert name in capitals] _____

— a Notary Public / Commissioner for Oaths/Peace Commissioner/practising solicitor

by

[insert name of the person (applicant) swearing the declaration in capitals here]
who is personally known to me

OR

who was identified to me

by _____
[insert name of identifying person here]

OR

whose identity has been established to me before the taking of this Declaration by the production to me of
passport number _____ issued on _____ by
the authorities of _____ *[which is an authority recognised by the Irish
Government]*

OR

national identity card number _____ issued on _____
by the authorities of _____ *[which is an EU Member State, the Swiss
Confederation or a Contracting Party to the EEA Agreement]*

at _____

[insert address at which declaration was sworn here]

in the County/City of _____

This _____ day of _____ 20____

Applicant's signature

Signature of person authorised
to take declaration

PSI House,
Fenian Street,
Dublin 2,
D02 TD72
Ireland

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