



Certificates of Confirmation of Qualification and/or Current Professional Status

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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.

Pharmacists who are currently/have been registered in Ireland and who wish to apply for registration to practise in another country/restoration to a competent authority with which they were previously registered, may require a certificate of confirmation of qualifications **and/or** current professional status to be sent on their behalf to the relevant registration authority by the Pharmaceutical Society of Ireland (PSI).

Pharmacists who obtained their qualification in pharmacy in the Republic of Ireland and/or who have been registered with the PSI may request a certificate of confirmation of their qualifications and/or confirmation of their current professional status. The certificate will confirm a person's professional status with the PSI, and also outline details about a person's registration, namely university education and pre-registration training details.

Pharmacists who obtained their qualification in pharmacy in a country other than the Republic of Ireland may only be issued with a certificate of current professional status. The certificate will confirm a person's professional status with the PSI. These pharmacists may also have to provide a certificate of confirmation of their qualifications and current professional status in the country where they obtained their qualification in pharmacy to the registration authority to which they are applying for registration.

A certificate of current professional status (CCPS) will include the following information: name (as it appears on the Register); nationality (including any dual nationality status and details of any changes or additions to nationality); PSI registration number; gender; date of birth; date and description of primary qualification(s) of applicant; the applicant's registered address; registration status (details of the nature of registration held will be provided, i.e. full, temporary, cancelled, restricted, suspended. All restrictions or suspensions will include their duration and reason where available). Any disciplinary decision or sanction on an applicant's right to practise will be provided in the CCPS and will cover sanctions and undertakings arising from criminal behaviour, professional misconduct, professional incompetence or poor performance. The CCPS will also cover sanctions imposed as a result of impaired fitness to practise by reasons of ill health. Furthermore, where a change in professional status occurs following the issuing of a CCPS, the PSI will inform all competent authorities to which it has issued a CCPS previously of such change of status.

The certificate of confirmation of qualifications **and/or** current professional status standing is valid for three months from the date of issue. Most healthcare regulatory bodies around the world request this document as part of their registration application process.

Continued Registration Requirements, Including Payment of Fees

Pharmacists deciding to travel or work abroad are advised that continued registration requirements remain in force, including payment of the registration fee, if they wish to remain on the Register of Pharmacists, unless they apply in writing to the PSI to have their registration cancelled. Pharmacists should ensure that the residential address registered with the PSI will enable them to receive communications in a timely manner. Practice address details must also be updated in accordance with the legislation.

If a pharmacist decides that he/she does not wish to continue with registration while he/she is away, notification of a request to cancel one's registration must be sent in writing to the Education and

Registration Unit of the PSI. In this situation a pharmacist may be restored to the Register having fulfilled the necessary requirements for restoration and on payment of the appropriate restoration fee. In this regard, pharmacists are referred to Section 61 of the Pharmacy Act 2007.

Pharmacists should note that failure to notify the Registrar in writing of a person's wish to cancel registration and failure to apply for continued registration, including payment of the registration fee, will result in the removal of their name from the Register of Pharmacists in accordance with the procedures mandated by the Pharmacy Act 2007. A pharmacist who has been removed for failure to apply for continued registration, including the non-payment of the registration fee, and who wishes subsequently to be restored can only undergo a restoration process if this request to be restored is received by the PSI no later than six months following the due date of payment of the annual fee. In accordance with Section 61(1)(b) of the Pharmacy Act, persons wishing to be re-registered outside of this six-month period will be required to apply for registration as if for the first time under Part 4 of the 2007 Pharmacy Act.

Form of Application for Certificate of Confirmation of Qualification and/or Current Professional Status

Section 1. Personal Details

1.1	Registration no.					
<i>(Name of applicant in full as on birth Certificate/marriage certificate, where appropriate If the name on your passport or on any other state documentation of identity differs, please give details of these other names.)</i>						
1.2	Mr.	Mrs.	Ms.	Other (please state)		
1.3	Surname(s)					
1.4	Forename(s)					
1.5	Date of birth					
1.6	Registered residential address					
1.7	Registered practice address					
1.8	Nationality					
1.9	Phone no.			Mobile no.		
1.10	Email address					

Section 2. Degree Details

2.1	Name and address of University where primary qualification in pharmacy obtained	
2.2	Title of qualification	
2.3	Year of qualification	

Applicants should note that failure to fully complete this form may result in a delay in having your application processed

Section 3. Overseas Authority

Your application will be delayed if any information in this section is missing

3.1	Name of overseas Board/Council to which Certificate of Confirmation of Qualification and/or Current Professional Status is to be sent	
3.2	Address of overseas Board/Council to which Certificate of Confirmation of Qualification and/or Current Professional Status is to be sent	

Section 4. Registration with Other Registration Authorities

4.1 Are you currently or have you previously been registered/entitled to practise pharmacy in any other country/region?

Yes

No

If you have answered 'Yes' to question 4.1, please give details.

Name of body:											
Registration no.											
Date first registered:											
Date discontinued:											

Name of body:											
Registration no.											
Date first registered:											
Date discontinued:											

Applicants should note that failure to fully complete this form may result in a delay in having your application processed

Name of body:											
Registration no.											
Date first registered:											
Date discontinued:											

Please use additional sheets if required to provide a full account to the PSI of any other registrations.

Section 5. Details of Practical In-service Training Leading to Entitlement to Practise Pharmacy*

**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 6. Details of Practice as a Pharmacist Since Acquiring Entitlement to Practise Pharmacy Independently*

**this relates to periods of practice as a pharmacist in an independent and unsupervised capacity in any jurisdiction*

NB: please note that where you have practiced as a locum, commencement/finish dates and name and address of pharmacy must be provided in respect of each locum position held. Failure to complete this section fully can lead to delays in processing of applications.

Date started:	Date finished:	Name and address of premises:	Area of practice: (community, hospital, industry, academic, other)	Job title	Average no. of hours worked per week:

Applicants should note that failure to fully complete this form may result in a delay in having your application processed

Section 7. Registration with Other Health Regulatory and/or Social Care Bodies

7.1 Are you currently or have you previously been registered with any other health or social care regulatory body in any country **Yes** **No**

If you have answered 'Yes' to question 7.1, please give details.

Name of body:											
Registration no.											
Date first registered:											
Date discontinued:											

Section 8. Professional Standing and Good Character/Reputation

8.1 Professional character and standing as a pharmacist/in the operation of a pharmacy

Are you or have you ever been sanctioned, restricted or prohibited, in connection with practising as a pharmacist or operating a pharmacy in any country /state /region? **Yes** **No**

If **Yes**, please complete the following:

Name of country/ state/region	Circumstances of the sanction connected with your practise as a pharmacist/entitlement to operate a pharmacy	Penalty/sanction imposed

8.2 Professional character and standing in the provision of health/social care services

Are you or have you ever been qualified/entitled/registered to practise or carry on any other practice, profession or occupation which consists of the provision of health care or social care services?

Yes No

If **Yes**, please state the following:

Name and title of the practice, profession or occupation	Country(ies) where practice, profession or occupation carried on

8.3 Convictions

Are you or have you ever been convicted of an offence in any country / state / region?

Yes No

If **Yes**, please complete the following:

Name of country/state / region	Nature of offence	Penalty/sanction imposed

8.4

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 care or social care services?

If **Yes**, please complete the following:

Name of country/state / region	Circumstances of the sanction connected with the practise or carrying on of any practice, profession or occupation which consists of the provision of health care or social care services?	Penalty/sanction imposed

Signed: _____
(Signature of applicant)

Section 9. Health Declaration

9.1 Do you have any problems with your physical or mental health that may impair your ability to practise?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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9.2 If you have answered 'yes' to 9.1 please provide details on a separate sheet.

Section 10. Important Information

All applications:-

10.1 The application fee for a Certificate of Confirmation of Qualification and/or Current Professional Status is €85.

Applicants should note that failure to fully complete this form may result in a delay in having your application processed

- 10.2 Please consult the Certificate of Confirmation of Qualification and/or Current Professional Status request timetable on the PSI's website for information on request timeframe.
- 10.3 The Certificate of Confirmation of Qualification and/or Current Professional Status will be sent directly to the competent authority to which the member is applying for registration (or restoration) and a copy to the registrant.

Applications for Australia and New Zealand only

10.4	<p>Pharmacists applying to the Pharmacy Council of New Zealand (PCNZ) please note the following:</p> <p>A photograph is not required if the applicant is currently on the non-practising section of the PCNZ Register. However, if the applicant is not on the PCNZ Register at all, then a photograph is required to be attached to the current application form that will be provided to the PCNZ. The PCNZ requires to see on the back of the photograph the wording 'certified true likeness of' followed by the full name of applicant, followed by the signature of certifier and date. An official stamp should also appear.</p>
10.5	<p>Pharmacists applying to the Australian Pharmacy Council Inc please note the following:</p> <p>Applicants must submit two recent passport sized photographs and two signatures.</p>

Section 11. Declarations by Applicant

I do solemnly and sincerely declare that:

- (a) I am not aware of any problems with my physical or mental health that may impair my ability to practise as a pharmacist. Insofar as there may be any problems, I have notified the Registrar thereof.
- (b) I have not been prohibited from practising as a pharmacist or operating a pharmacy in any country.
- (c) I have not been prohibited from practising any profession or any occupation which mainly consists of the provision of health or social care services in Ireland or any country.
- (d) I have not been convicted of any offence under Irish law or under the law of any other country which might reasonably be considered to have a bearing on my fitness to be registered to practise as a pharmacist in Ireland or elsewhere.

Applicants should note that failure to fully complete this form may result in a delay in having your application processed

- (e) 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 Directive 2005/36/EC or the Pharmacy Act 2007.
- (f) The information I have provided in this form and in any supporting documents is truthful, accurate and complete.
- (g) I understand that, if I am found to have given false or misleading information, that it may constitute professional misconduct for which my name may be removed from the Register.

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 to supply other competent authorities with such information as the PSI deems appropriate in the carrying out of its statutory duties. I also consent to the PSI communicating and/or corresponding with such third parties as it deems appropriate where verification of practice and/or experience is required.

		<i>dd</i>	<i>mm</i>	<i>yyyy</i>
Signature	Date			

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

T. +353 (0) 1 218 4000
F. +353 (0) 1 283 7678
E. info@thepsi.ie
W. www.thepsi.ie

Applicants should note that failure to fully complete this form may result in a delay in having your application processed