

# THIRD COUNTRY

## Route of Registration

Application Booklet for Registration as a Pharmacist under Section 14 and Section (2) (b) of the Pharmacy Act 2007 – Third Country Route



Pharmaceutical Society of Ireland  
PSI House  
Fenian Street  
Dublin 2  
IRELAND



Tel: + 353 1 2184000 Fax: + 353 1 2837678 Email: [info@ThePSi.ie](mailto:info@ThePSi.ie)

## CHECK LIST



PSI House, Fenian Street, Dublin 2  
Telephone: + 353 1 2184000  
Facsimile: + 353 1 2837678  
Email: [registration@thepsi.ie](mailto:registration@thepsi.ie)  
Web: [www.thepsi.ie](http://www.thepsi.ie)

Please complete this form in **BLOCK CAPITALS** using a black pen. ALL parts of this application **MUST** be completed **INCLUDING** the checklist.

Checklist – please check to ensure that you have enclosed the following items with your application	Please cross
1 A completed application form and the non-refundable fee of €540.00	
2 A photocopy of your birth certificate issued by country of birth ( <i>include <b>original</b> translation where appropriate</i> ) and marriage certificate ( <i>include original translation if appropriate</i> )	
3 A photocopy of your current passport ( <i>include <b>original</b> translation containing details of the person(s) who performed the translation, where appropriate</i> )	
4 A photocopy of your registration certificate OR licence to practice together with original translation ( <i>if appropriate</i> )	
5 A photocopy of your pharmacy qualification, diploma or other evidence of formal qualification in pharmacy together with original translation ( <i>if appropriate</i> )	
6 A completed Photo Form with two recent photographs	
7 A completed Health Status Form ( <i>attesting that your medical practitioner is not aware of any grounds of physical or mental health why you might be unable to discharge the responsibilities of a registered pharmacist</i> )	
8 A completed Statutory Declaration Form	
9 The original certificate issued by the PSI under Rule 18(3) of the Pharmaceutical Society of Ireland (Registration) Rules 2008 showing that the third country qualification held is regarded as a qualification appropriate for practice as a pharmacist in the State	
10 Certification of language competence if appropriate – see <a href="http://www.thepsi.ie/gns/Registration/Pharmacists and Pharmaceutical Assistants/First Time Registration /Language Requirements .aspx">http://www.thepsi.ie/gns/Registration/Pharmacists and Pharmaceutical Assistants/First Time Registration /Language Requirements .aspx</a>	
11 A Certificate of Good Standing or of Current Professional Status issued, no more than three months prior to the date of application, by the appropriate authority of the county in which you qualified or was practising or by the appropriate authority of every country in which you have practised in the five years immediately preceding the date of application. <b>I understand that these documents will be forwarded directly to the Pharmaceutical Society of Ireland</b>	
12 <i>In accordance with the Data Protection Acts 1988-2003, all personal information provided by you will be treated in the strictest confidence and kept secure at all times. The PSI does not release any information you provide to third parties except in accordance with legislative requirements and in accordance with the PSI - Public Registers Terms and Conditions or as set out in the PSI's Registration with the Data Protection Commissioner.</i>	

For PSI use only

Date Stamp

Registration Reference Number:

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# REGISTRATION APPLICATION FORM – Third Country Route of Registration



## FORM OF APPLICATION FOR REGISTRATION AS A PHARMACEUTICAL CHEMIST

(in accordance with Sections 14 and 16(2)(b) of the Pharmacy Act 2007 and the Pharmaceutical Society of Ireland (Registration) Rules 2008

### **Application on the basis of a Third Country Pharmacist Qualification that has been Recognised as a Qualification Appropriate for Practice in Ireland**

**Explanatory Note:** In order to make an application under this heading, the applicant must first have made application under the Act and have obtained recognition of his or her third country qualification as a pharmacist as a qualification appropriate for practice in the State as evidenced by the granting to the applicant by the PSI of an appropriate certificate to that effect as provided for in Rule 18(3) of the Pharmaceutical Society of Ireland (Registration) Rules 2008 (S.I. 494 of 2008).

**Advice for completion of form:** Please complete ALL PAGES and ALL SECTIONS of this form. Please complete the form in ink using BLOCK CAPITAL LETTERS. **Please note that an incomplete and/or incorrect forms will be considered invalid and will be returned to applicants.**

#### **Section 1: Personal & Contact Information**

I \_\_\_\_\_ (Name of applicant in full as on birth certificate/marriage certificate or passport, where appropriate) hereby apply to register as a pharmacist.

Residential Address (Country of Origin):

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Correspondence Address (address to which correspondence from the PSI may be sent):

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Practice Address (address at which you intend to practice as a pharmacist, if known):

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Country & Place of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Mobile Telephone Number: \_\_\_\_\_

Email Address (print legibly): \_\_\_\_\_

**HAVE YOU PREVIOUSLY APPLIED FOR REGISTRATION WITH THE PSI?** Yes  No

If **Yes**, year of previous application: \_\_\_\_\_

## REGISTRATION APPLICATION FORM – Third Country Route of Registration

### Section 2 (a): Details of Formal Qualification in Pharmacy

Titles of Qualifications in Pharmacy	Name and Address of Awarding Body	Qualification Start Date	Dates of award of Qualifications in Pharmacy

### Section 2 (a): Details of Formal Qualification in Pharmacy

I am the holder of a certificate (original copy attached) issued by the Council of the Pharmaceutical Society of Ireland stating that I have satisfactorily completed the requirements of Rule 18 (2) of the Pharmaceutical Society of Ireland (Registration) Rules 2008 (SI No. 494 of 2008)

Certificate Number: \_\_\_\_\_

Certificate Issue Date: \_\_\_\_\_

## REGISTRATION APPLICATION FORM – Third Country Route of Registration

### Section 3 (a): Practice as a Pharmacist - Details of Countries/Regions where entitled to practice Pharmacy

Countries/Regions in which registered/entitled to practice Pharmacy	Name & Address of Registration Authority	Date first Registered	Are you currently registered to practice pharmacy in this Country/Region?		If No, please enter date registration discontinued and reason
			<u>Yes</u>	<u>No</u>	

### Section 3 (b): Details of Professional Standing & Good Character/Reputation

ARE YOU OR HAVE YOU 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 (including Ireland)	Circumstances of the sanction connected with your as a pharmacist/entitlement to operate a pharmacy?	Penalty/Sanction imposed

# REGISTRATION APPLICATION FORM – Third Country Route of Registration

## Section 4 (a): Practice as Another Health or Social Care Professional

ARE YOU/HAVE YOU EVER BEEN QUALIFIED/ENTITLED TO PRACTISE ANOTHER HEALTH (INCLUDING ANIMAL HEALTH) OR SOCIAL CARE PROFESSION?      Yes  No

If **YES**, state the name of the profession(s): \_\_\_\_\_

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 HEALTH (INCLUDING ANIMAL HEALTH) OR SOCIAL CARE?      Yes  No

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

Name of Country/State/Region (including Ireland)	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 (including animal health) or social care services?	Penalty/Sanction imposed

## Section 4 (b): Practice as a Non-Health Related Professional

ARE YOU OR HAVE YOU EVER BEEN SANCTIONED, RESTRICTED OR PROHIBITED FROM PRACTISING OR CARRYING ON, ANY OTHER PRACTICE, PROFESSION OR OCCUPATION **OTHER THAN** HEALTH (INCLUDING ANIMAL HEALTH) OR SOCIAL CARE?      Yes  No

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

Name of Country/State/Region (including Ireland)	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 (including animal health) or social care services?	Penalty/Sanction imposed

## REGISTRATION APPLICATION FORM – Third Country Route of Registration

### Section 4 (c): Convictions

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 (including Ireland)	Nature of Offence	Penalty/Sanction imposed

### Section 5: Ability to Communicate in English or (Irish) Language(s)

*Please note that both the Irish and English languages are an official language of the Republic of Ireland. Applicants for registration should be able to communicate in either English **OR** Irish.*

Do you acknowledge that, when practising in Ireland, you will be required to perform the professional duties of a pharmacist through the English [**or** Irish] language(s)?

Yes  No

Do you acknowledge that it is essential, for the purposes of patient safety, that you are able to communicate effectively through the English [**or** Irish] language(s) with patients, health professionals and others and that they are able to understand fully the advice and information that you provide?

Yes  No

Do you acknowledge that you must undertake an official English Language Competency Test, administered by an international body recognised by Council\*, and provide a relevant certificate as part of your application for registration, if you have not already done so.

Yes  No

\*Please refer to PSI website for current recognised English Language Competency Test providers, and the standards required.

## Section 6: Language Competence

To be completed **ONLY** by an applicant who has not trained as a pharmacist in a country in which English is an official language of the State. Please see

[http://www.thepsi.ie/gns/Registration/Pharmacists\\_and\\_Pharmaceutical\\_Assistants/First\\_Time\\_Registration\\_/Language\\_Requirements.aspx](http://www.thepsi.ie/gns/Registration/Pharmacists_and_Pharmaceutical_Assistants/First_Time_Registration_/Language_Requirements.aspx) for exemption requirements.

Certification is provided to satisfy Council that I have the linguistic competence necessary to be a registered pharmacist in the State.

English Test/Certificate	Please Cross
International English Language Testing System [Academic Format] – <i>[to be provided directly from the certifying authority]</i> Date of Issue of Cert: _____	

**OR**

Test of English as a Foreign Language [Internet Bases Test iBT] – <i>[to be provided directly from the certifying authority]</i> Date of Issue of Cert: _____	
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**OR**

Test of English as a Foreign Language [Paper Based Test (plus TWE & TSE)] – <i>[to be provided directly from the certifying authority]</i> Date of Issue of Cert: _____	
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**OR**

Certificate issued by the State Examinations Commission attesting that the applicant has passed the Irish Leaving Certificate Examination with English or Irish as one of the subjects that has been passed in that examination Date of Issue of Cert: _____	
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The test must have been undertaken no more than two years prior to the date of submission or the applicant must provide evidence of having resided and worked/studied on a full time basis in an English speaking environment since having completed the evaluation.



# REGISTRATION APPLICATION FORM – Third Country Route of Registration

## Section 7: Confirmations

### I CONFIRM THAT:

- |       |   |                          |
|-------|---|--------------------------|
| (i)   | I understand that, save as is hereinafter provided, the Pharmaceutical Society of Ireland (PSI) will not discuss my application for registration with persons other than myself. I authorise the PSI to communicate as necessary with appropriate third parties to verify my application or any aspect thereof or any document accompanying same.             | <input type="checkbox"/> |
| (ii)  | I understand that the submission of false, incorrect or fraudulent information in this application or the omission of relevant information from this application will be viewed very serious by the Council of the PSI and may result in this application being invalidated and my name being erased subsequently from the Register of Pharmacists in Ireland | <input type="checkbox"/> |
| (iii) | I understand and accept that the law does not permit me to practice as a pharmacist, carry out the duties of a pharmacist otherwise than under the supervision of a registered pharmacist, or represent myself as Pharmacist, until my name has been entered in the register of Pharmacists in Ireland  | <input type="checkbox"/> |
| (iv)  | I am not aware of any reason, on grounds of physical and mental health, why I might be unable to discharge the responsibilities of a registered pharmacist, which I understand, may include taking sole charge of a community or hospital pharmacy  | <input type="checkbox"/> |
| (v)   | I understand that an incomplete application may result in my application and its associated documentation being returned to me, and that I will not be deemed to have made an application until I properly complete the prescribed form which must be accompanied by the required support documentation and payment of the prescribed fees                    | <input type="checkbox"/> |
| (vi)  | I understand that if my application for registration is not completed and all outstanding queries resolved, my application will not be approved until all those queries have been satisfactorily resolved   | <input type="checkbox"/> |
| (vii) | I am not the subject of any legal or disciplinary proceedings in Ireland, or in any other country   | <input type="checkbox"/> |

## Section 8: 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: \_\_\_\_\_

Please also print name and address of witness: \_\_\_\_\_

**PHOTO FORM**

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**SUBMISSION OF PHOTOGRAPH**

For the purposes of applications to register under S.14(1) and S.16(2) of the Pharmacy Act 2007 (as amended)

FIRST NAME: 

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SURNAME: 

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***Please provide two recent passport photographs. Sign and date this form and return with all documentation accompanying the application to register.***

I confirm that:

1. The two photographs I have provided here are recently taken ones of me.
2. I have printed my name in block capitals on the reverse side of each photograph.
3. A registered legal or healthcare professional has signed and dated both photographs, and certified that the photograph is a photograph of me and is a true likeness.
4. I am submitting these photographs 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:** \_\_\_\_\_

I certify that the two photographs signed and dated by me are photographs of the applicant, and are true likenesses of the applicant.

*Witnessed by*<sup>1</sup>: \_\_\_\_\_

**Name:** \_\_\_\_\_  
(Signature)

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please  Attach  Photo  Here
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<sup>1</sup> The registered legal or healthcare professional who has signed and dated both photographs

**HEALTH STATUS FORM - [for the purposes of registration as a pharmacist]**

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**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 Birth / Marriage Certificate)

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Of:  
(Address of Applicant)

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Date of Birth:

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Signed:

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Date:

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*(Signature of Applicant)*

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**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 or 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 he/she should not be able to discharge the responsibilities of a registered pharmacist.

Yes

No

If **No** – state reasons below-

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**Signed:**

*(Signature of Medical Practitioner)*

**Date:**

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Print Name:

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Registration Number:

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Practice Address:

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**Telephone:**

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Official Surgery Stamp
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**STATUTORY DECLARATION FORM**

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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 the name of the applicant here]:*


**TO HAVE THEIR APPLICATION FOR REGISTRATION AS A PHARMACIST CONSIDERED FOR PRACTICE IN THE STATE**

I, \_\_\_\_\_  
*[insert name of applicant here]*

Of \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*[insert your usual residential address here]*

do solemnly and sincerely declare as follows:

I, \_\_\_\_\_ *[insert your name here]*, am one and the same person as the applicant in the Form of Application for registration as a pharmacist to which this declaration relates.

1. 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.
2. 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.

## **STATUTORY DECLARATION FORM**

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3. The passport sized photograph which I have provided as part of this application represents a true current likeness of me the declarant.
4. The copy of my pharmacy degree (and/or evidence that I have passed the Professional Registration Examination), which accompanies my application form, is a true copy of the original which is itself authentic.
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 same I say that I am one and the same person as the person mentioned therein and I will if called upon so to do by Pharmaceutical Society of Ireland (PSI) provide further evidence to that effect.
6. I consider that I have sufficient competence in the English, or Irish language, necessary to discharge my professional obligations as a pharmacist.
7. If it is considered that I do not have sufficient competence in the English, or Irish language, necessary to 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 am not an undischarged bankrupt, according to the laws of Ireland or any other country.
12. 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.
13. 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.
14. 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.

**STATUTORY DECLARATION FORM**

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

**DECLARED** before me \_\_\_\_\_  
*[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 no. \_\_\_\_\_ issued on \_\_\_\_\_ by the authorities of \_\_\_\_\_ *[which is an authority recognized by the Irish Government]*

**OR:**

national identity card no. \_\_\_\_\_ 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\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**SIGNATURE OF PERSON AUTHORISED TO TAKE DECLARATION**

**PAYMENT FORM**

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**THIRD COUNTRY REGISTRATION FEE**

Fee for First Registration: €540.00 – to be submitted at time of application

Please note that we will not be in a position to process your application if the fee is not submitted at time of application.

With regard to payment of fee, please complete section below and enclose with your application.

FIRST NAME:

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SURNAME:

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Address:

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I wish to pay the amount of €540.00 by one of the following options:

Please make your Postal Order/Bank Draft payable to THE PHARMACEUTICAL SOCIETY OF IRELAND

**A) By Attaching**

Postal Order  
Bank Draft


OR

**B) By**

Visa  
Mastercard  
Laser


Card Number:

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Expiry Date:

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Security Code:

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Card Holder's Signature:

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Date:

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