

Application for Recognition of a Third Country Pharmacist Qualification as a Qualification Appropriate for Practice in Ireland

Contents

Section 1: Personal & Contact Information	3
Section 2: Details of Applicant’s Qualification as a Pharmacist.....	4
Section 3: Details of Theoretical and Practical Training	4
Section 4: Details of In-Service (Practical) Pharmacy Training*	6
Section 5: Details of Professional Experience as a Pharmacist, including the Nature, Scope and Duration of such Experience	7
Section 6: Details of any other Post-Graduate Qualifications or Recognitions obtained that Applicant may Consider Relevant to His or Her Application	8
Section 7: Details of any Other Country/Jurisdiction in which Application for Recognition as a Pharmacist was made and the Outcome of Such Application.....	9
Section 8: Details of the Country(ies) Jurisdictions in which your Qualification as a Pharmacist is or has been Recognized for the Purpose of Practicing as a Pharmacist or Operating a Pharmacy	10
Section 9: Application Enclosures	10
Section 10: Confirmations.....	11
Section 11: Declaration.....	12
Fee Payment Section	13

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.

Explanatory Note: Please complete all pages and all sections of this form. Please complete the form in ink using block letters. ***Please note that incomplete and/or incorrect forms will be considered invalid and will be returned to applicants along with all supporting documentation submitted.***

Section 1: Personal Contact Information

I _____ (Name of applicant as on birth certificate/marriage certificate or passport, where appropriate) hereby apply for recognition of my qualification as a pharmacist as a qualification appropriate for practice in Ireland

Correspondence Address: _____

Country of Birth: _____

Date of Birth: _____

Nationality: _____

Sex: Male Female

Email Address: _____

Passport Number: _____

Contact Telephone Number: _____

Mobile Telephone Number: _____

Is this your first application to the PSI, to have your qualification recognised? Yes No

If answered no above, please indicate date of previous application:

Section 2: Details of Applicant's Qualification as a Pharmacist

Nature of Formal Qualification as a pharmacist (*please tick appropriate box below*):

Registration

License

Degree

Other

If other, please specify _____

Name & Address of relevant authority in country in which you obtained your qualification as a pharmacist:

Please state Registration/License/Identification No. _____

Section 3: Details of Theoretical and Practical Training

Title of Education Qualification as a pharmacist: _____

Abbreviation of Title: _____

Type of Institution (*please tick appropriate box below*):

University

Technical Higher Education Institute

If other, please specify: _____

Name & Address of educational institution from which Qualification as a pharmacist was obtained:

Date course commenced: ___/___/___

Date course completed: ___/___/___

Was this a full-time or part-time course of studies: Full-time Part-time

Please indicate the language in which this course of studies was undertaken in: _____

Section 4: Details of In-Service (Practical) Pharmacy Training*

* Periods of work not relevant to the award of the entitlement to practise as a pharmacist should not be included.

Date started:	Date finished:	Name and address of training establishment:	Nature and scope of experience: (community/ hospital/industry/ academic/other):	Average no. of hours worked per week:	Total no. of weeks completed:

Section 5: Details of Professional Experience as a Pharmacist, including the Nature, Scope and Duration of such Experience

Date started:	Date finished:	Name & Address of Training Establishment:	Area of practice: (community/hospital/industry/academic/other):	Title/Position held:	Average number of hours worked per week:

Section 6: Details of any other Post-Graduate Qualifications or Recognitions obtained that Applicant may Consider Relevant to His or Her Application

Date started:	Date finished:	Name & Address of Awarding Institution:	Title of Qualification Awarded:	Date of Award:	Subjects studied:

Section 7: Details of any Other Country/Jurisdiction in which Application for Recognition as a Pharmacist was made and the Outcome of Such Application

Date of Application:	Country(ies)/Jurisdictions where application for recognition was made:	Name & Address of relevant Authority:	Outcome:

Section 8: Details of the Country(ies) Jurisdictions in which your Qualification as a Pharmacist is or has been Recognized for the Purpose of Practicing as a Pharmacist or Operating a Pharmacy

Countries/jurisdictions in which entitlement to practice as a pharmacist was recognised:	Name and address of relevant authority:	Date first recognised:	Are you currently recognised to practice in that Country/Jurisdiction:		If no, give the date recognition was discontinued & the reason for its discontinuation:
			<u>Yes</u>	<u>No</u>	

Section 9: Application Enclosures

I enclose the following documents as part of my application for recognition of my qualification, as a qualification appropriate for practice as a pharmacist in Ireland:

- 1) 4 x recent colour passport photographs (taken within the past 12 months) of me, each signed and dated as per the Certificate of Identity Form.
- 2) Certificate of Identity Form, properly completed.
- 3) A photocopy of my birth certificate and original English translation (if applicable).

- 4) A photocopy of my marriage certificate and original English translation (if applicable).
- 5) A photocopy of my current passport and original English translation (if applicable).
- 6) The prescribed Statutory Declaration, properly completed.
- 7) Curriculum Vitae.
- 8) A certified copy of my qualification as a pharmacist in the country/jurisdiction where I obtained such qualification (*Refer to the Information & Explanatory Booklet*).
- 9) The application fee of €1500. Please note that the review of your application may not proceed until payment has been processed and confirmed (*Please refer to the Information & Explanatory*).

Section 10: Confirmations

Please tick in the appropriate box opposite each statement and sign below:

1)	I have read and understood the Third Country Qualification Information & Explanatory Booklet and I feel that my qualification as a pharmacist meets the minimum standards required under Article 44 of EU Directive 2005/36/EC.	<input type="checkbox"/>
2)	I have requested that the required documentation as set out in this Information & Explanatory Booklet be issued by the relevant Regulatory Authority and educational institute and that it be forwarded directly to the PSI in support of my application. (<i>Refer to the Information & Explanatory Booklet</i>).	<input type="checkbox"/>
3)	I understand that the PSI may communicate, as necessary with the relevant regulatory/competent authorities or any appropriate third parties to verify my application documentation.	<input type="checkbox"/>
4)	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"/>
5)	I understand that if my application for recognition is not completed and all outstanding queries resolved my application cannot go forward for further review until all those queries have been resolved.	<input type="checkbox"/>
6)	I am aware that the making of a statutory declaration that contains information that to my knowledge is false or misleading in any material respect is an offence under section 26(6) of the Statutory Declarations Act 1938 (as amended) and that this is punishable by a fine not exceeding €3000 or imprisonment for a term not exceeding 6 months or both.	<input type="checkbox"/>

Signed: _____
(signature of applicant)

Section 11: Declaration

I understand and accept that I have completed this application form fully and that the information provided on this form and all supporting documentation is, to the best of my knowledge, correct, accurate, complete and true.

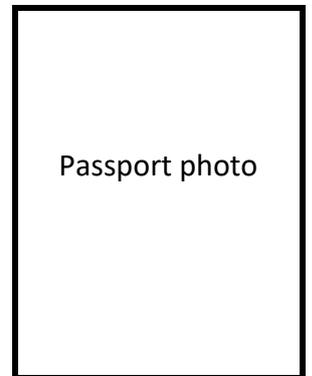
Signature: _____ Date: _____

Signature of Witness: _____ Date: _____

Please also print name and address of witness:

Please post application to:

Third Country Qualification Recognition,
Registration & Qualification Recognition Unit,
The Pharmaceutical Society of Ireland,
PSI House
Fenian Street
Dublin 2
Ireland



Fee Payment Section

NAME OF APPLICANT: _____

The Third Country Qualification Recognition application fee is €1,500. On submitting your application, the application fee payment should be made to the PSI by electronic funds transfer (EFT) until further notice by using the [Fee Payment Form](#).

IMPORTANT INFORMATION:

- Please complete the Fee Payment Form and return the completed form to the PSI by email to emma.pierce@psi.ie once the fee has been paid by EFT
- Please reference the EFT payment as follows:
TCQR your name as on application form, for example **TCQR Mary Smith**
- The PSI cannot process credit or debit card payments at this time, therefore, please DO NOT provide credit or debit card details.
- Please also Do Not post cheques or bank drafts to the PSI until further notice

Your understanding and cooperation is appreciated at this time.

PSI House,
Fenian Street,
Dublin 2,
Ireland.

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

For Office Use Only:

Name of Applicant: _____

Date fee processed: _____

Date receipt issued to applicant: _____