

RPB002.2010.01

Nomination Form for a Supervising Pharmacist

A Supervising Pharmacist is a registered pharmacist who has 3 years specified post-registration experience as defined in Section 25(2) of the Act and who is in whole-time charge of the carrying on of the retail pharmacy business at the premises of the said business and not at or in any other premises.

Part 1. Contact Details of the Registered Pharmacist to be nominated as Supervising Pharmacist

Name of Supervising Pharmacist <i>(as it appears on the Register)</i>	
Registration number	
Address of Supervising Pharmacist	
Professional Contact Address of Supervising Pharmacist	
Email address of Supervising Pharmacist	
Mobile No. of Supervising Pharmacist	
Name and address of Retail Pharmacy Business in respect of which you act as Supervising Pharmacist?	
Owner of Retail Pharmacy Business	
State the average no. of hours per week that you work as Supervising Pharmacist in respect of this Retail Pharmacy Business?	

Part 2. Declaration of Supervising Pharmacist

I, _____
(Name as it appears on the Register of Pharmacists)

being a registered pharmacist with Registration No. _____

Declare that:

1. I am a registered pharmacist with **3 years post-registration experience** as specified in Section 25(2)¹ of the Act and I hold the post of Supervising Pharmacist in respect of the Retail Pharmacy Business referred to in Part 1 of this form above.
2. As Supervising Pharmacist, I am or will be in whole-time charge of the conduct of the retail pharmacy business at the premises of this pharmacy and in no other premises.
3. The sale and supply of medicinal products from the premises in which the Retail Pharmacy Business(es), the subject of this application, is or will be conducted by or under the personal supervision of a registered pharmacist at all times.
4. The Retail Pharmacy Business, the subject of this application, will be conducted in compliance with the Regulations made from time to time under Section 18 of the Pharmacy Act 2007 for the conduct of retail pharmacy businesses.
5. I understand that under Section 17(4) of the Act, a change in the ownership of a Retail Pharmacy Business has the effect of cancelling its registration. I undertake forthwith to notify the PSI in the event of such change.
6. I am aware that if I change my employment and cease to hold the position of Supervising Pharmacist in respect of the Retail Pharmacy Businesses notified in this application, then I undertake forthwith to inform the PSI of such a change.
7. I am aware that changes of a Registered Pharmacist(s) working in this Retail Pharmacy Business should be notified to the PSI and I undertake so to do.
8. I am aware with the legal responsibilities of a Supervising Pharmacist under the Pharmacy Act 2007, 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 issued there under.

Supervising Pharmacist Signature:	
Date:	

¹ Section 25(2) - "3 year minimum post-registration experience means experience of at least 3 years of-
(a) practising whole-time as a registered pharmacist—
 (i) in a retail pharmacy business,
 (ii) before the commencement of this Act, in a shop kept open for the dispensing or compounding of medical prescriptions and the sale of poisons, or
 (iii) in a combination of both, or
(b) practising whole-time as a pharmacist outside the State in a business corresponding to a retail pharmacy business on foot of a qualification which was (or could have been) the qualification appropriate for practice by reference to which he or she has registered under this Act, or
(c) any combination of the types of experience set out in paragraphs(a) and (b)

Part 3. Declaration on behalf of a Corporate Body (if Pharmacy Owner is not a Corporate Body, proceed to Part 4)

I/We, being authorised to complete this Statement on behalf of the Corporate Body specified in Part 1 of this Form, hereby **DECLARE** that:

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

Is a registered pharmacist with **3 years post-registration experience** as specified in Section 25(2) of the Act and holds the post of Supervising Pharmacist in respect of the Retail Pharmacy Business referred to in Part 1 of this form above. *(See footnote 1)*

Signed:	[Signature(s) of person or persons signing for or on behalf of the Corporate Body]
	1.
(Print name under signature)	
	2.
(Print name under signature)	
Date:	
Capacity of Signatory(ies):	

² In the case of a corporate body, the person or persons signing the statement must be in a position to bind the body in respect of the contents of the statement.

Part 4. Declaration of the Pharmacy Owner (i.e. Sole Trader, Partnership, Representative)

I/We, being authorised to complete this Statement as the Pharmacy Owner specified in Part 1 of this Form, hereby **DECLARE** that:

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

Is a registered pharmacist with **3 years post-registration experience** as specified in Section 25(2) of the Act and holds the post of Supervising Pharmacist in respect of the Retail Pharmacy Business referred to in Part 1 of this form above. *(See footnote 1)*

Signed:	[Signature(s) of the Pharmacy Owner(s)]
	1.
(Print name under signature)	
	2.
(Print name under signature)	
Date:	