



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

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 _____ hereby apply for recognition of my qualification
(Name of applicant as on birth certificate/marriage certificate or passport, where appropriate)

as a pharmacist as a qualification appropriate for practice in Ireland

Address (at which you ordinarily reside): _____

Country of Birth: _____ Date of Birth: _____

Nationality: _____ Sex: Male Female

Email Address: _____ Passport No. : _____

Contact Telephone Number: _____ Mobile Phone No: _____

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: _____

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

Type of Institution: University Technical Higher Education Institute Other *please specify*: _____

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 & Address of Training Establishment:	Nature & 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 Establishment:	Area of Practice : (community / hospital / industry / academic/ other)	Title/ Position held:	Avg no. of hrs 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 recognised for the purpose of practising as a Pharmacist or operating a Pharmacy

Countries/jurisdictions in which entitlement to practice as a pharmacist was recognised:	Name & 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 Information & Explanatory Booklet Stage 1 (A) Section 1.9)*
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 Booklet Page 7 - The Application Fee)*

Section 10 : Confirmations

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

Tick

- I. 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.
- II. 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. (*refer to of Stage 1 (A), section 2.10 of the Booklet*)
- III. 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.
- IV. 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.
- V. 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.
- VI. 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.

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,
Education & Registration Unit,
The Pharmaceutical Society of Ireland,
18 Shrewsbury Road,
Ballsbridge,
Dublin 4

Application Fee Enclosed: Yes No

Fee Payment Section:

Name of applicant: _____

Please complete payment details below.

Payment method (Please tick) [V]

1 Bank Draft/Postal Order

2 Credit Card/Debit Card

Card Type: Visa [] MasterCard [] Debit Card []

Name as on Card: _____

Card no: [_____]

Security code: [_____] Expiry date: [_____]

I authorize that the amount of €1500 be debited from the above account.

Signed: _____ Date _____

For Office Use Only:

Name of Applicant: _____

Method of payment: Bank Draft Postal Order Credit Card Debit Card

Date fee processed: _____

Date receipt issued to applicant: _____