

CANCELLATION OF REGISTRATION AS A PHARMACEUTICAL ASSISTANT ON REQUEST

(Voluntary Cancellation in accordance with Section 59 the Pharmacy Act 2007)

Please complete this form if you wish to have registration cancelled on request under S 59 of the Pharmacy Act 2007 (as amended). Please complete the form in ink using block capital letters. Please note that incomplete and/or incorrect forms will be considered invalid and will be returned to applicants.

To: The Registrar, Pharmaceutical Society of Ireland, PSI House, Fenian Street, Dublin 2, Ireland:

Name (in full): _____

Registration Number: _____

Correspondence Address: _____

Contact Telephone Number: _____

Email Address (print legibly): _____

Declarations:

	Please Initial
I wish to voluntarily cancel my registration in the Register of Pharmaceutical Assistants in accordance with S59 of the Pharmacy Act 2007. I understand that should I wish to practise as a pharmaceutical assistant again in Ireland at a later stage I will be required to apply for and undertake a restoration process to be restored to the Register of Pharmaceutical Assistants.	
I understand that by cancelling my registration as a pharmaceutical assistant I will no longer be entitled to practise as a pharmaceutical assistant in Ireland and my name will not appear in the Register of Pharmaceutical Assistants as of the confirmed date of cancellation of my registration.	
I am not the subject of any current or pending disciplinary proceedings in Ireland under the provisions of Part 6 of the Pharmacy Act 2007, as amended, or any other similar legislation in any other jurisdiction.	
I understand and authorise the Council of the PSI to cancel my registration as a pharmaceutical assistant in accordance with S59 of the Pharmacy Act 2007.	
I understand the requirement and undertake to return my current Certificate of Registration (if applicable) to the Pharmaceutical Society of Ireland.	

Reason for Voluntary Cancellation:

	Please Tick
Study Leave	
Retirement	
Emigration	
Return Abroad	
Other	

Effective Date of Cancellation, Signature and Date:

Date on which you wish your cancellation of registration to take effect: _____

Signature _____ Date _____