



Declaration for the purposes of Entry in Part B of the Register of Pharmacists- Visiting Pharmacists from Relevant EEA States.

2020:001

01/2020

DECLARATION FOR THE PROVISION OF TEMPORARY AND OCCASIONAL SERVICES AS A PHARMACIST



I, (name) _____

Address: _____

Telephone No: _____

E-Mail Address: _____

Address in Ireland:

I declare that I intend to provide temporary and occasional services practicing as a pharmacist in Ireland

Signature: _____

The temporary and occasional nature of the provision of the services shall be assessed in relation to its duration, frequency, regularity and continuity and you will be asked for information on these factors once you have commenced such service provision and during the course of service provision.

If known however you may provide detail of the nature of the temporary and occasional service provision now should you wish.

This declaration is valid only for 12 month and will need to be renewed if you intend to remain on this register.

The services will be provided at:

1

The duration of the service provision will be:

2

The frequency of service provision will be:

3

The regularity of service provision will be:

4

The continuity of the service provision will be

5

¹ Insert address(es) of where you will provide services

² Provide detail of the length of time of service provision

³ Provide detail of the rate of service provision

⁴ How regularly will the service be provided - is it constant or at fixed intervals

⁵ Detail whether the services are provided in a continuous period or sporadically over a period of time

I declare that:

I am currently established in another EEA Member State.

I am currently in good professional standing with all other registration or licensing bodies with whom I have been registered or licensed.

I have the English language necessary to practice as a pharmacist (Please supply evidentiary documentation as necessary to support the English language competency requirements in accordance with Council requirements available at <https://www.thepsi.ie/gns/Registration/Pharmacists/First Time Registration /Language Requirements .aspx>).

I have professional liability insurance cover or other means of personal or collective protection with regard to professional liability to provide temporary and occasional practice as a pharmacist.

I declare that I am aware that once I commence provision of service on a temporary and occasional basis that I am subject to all the professional, statutory and administrative rules applicable to registered pharmacists in Ireland.

I declare that I have never been convicted in a court of law of a criminal charge either in Ireland or elsewhere.

I declare that I have not been prohibited from carrying on any practice, profession or occupation which mainly consists of the provision of health (including animal health) care or services or social care or services in Ireland or any other country, nor are there any proceedings or complaints in progress or pending now by an authority with whom I am or was registered or licensed in respect of such profession.

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.

***If you cannot tick any of the above boxes, please attach a written statement explaining why you have excluded the statement(s) from your Declaration, providing any documentary evidence in support of your explanation.**

Signed: _____

Date: _____

DOCUMENTATION TO ACCOMPANY APPLICATION

The completed form written declaration indicating that you intend to provide services on a temporary and occasional basis.

Documentary evidence of the details of insurance cover or other means of personal or collective protection with regard to professional liability.

A copy of a document to assure proof on nationality will be required – this may be a copy of passport, birth certificate or other analogous document

An attestation that you are legally established in a Member State other than this State for the purpose of pursuing the practice of pharmacy in that State and you are not prohibited from practicing even temporarily at this time (*Obtain from Competent authority of state of establishment*)

A copy of evidence of your professional qualification – ie copy of degree certificate and registration certificate

An attestation confirming the absence of temporary or final suspension from exercising the profession of pharmacy, or of criminal convictions. (*Obtain from Competent authority of state of establishment*)

A written declaration about your knowledge of the language necessary for practising in the State accompanied by documentary evidence of compliance with language competence requirements.