

Third Country Route of Qualification Recognition and Registration

Application Pack for applicants
holding qualifications obtained in
United Kingdom (UK)

Contents

About the Third Country Route of Registration.....	2
Part A – Qualification Recognition.....	3
Instructions for completing your application for Qualification Recognition.....	3
Section 1: Personal and Contact Information.....	4
Section 2: Details of Applicant’s Qualification as a Pharmacist.....	5
Section 3: Details of Theoretical and Practical Training	6
Section 4: Details of In-Service (Practical) Pharmacy Training*	7
Section 5: Have you applied for or gained recognition of your qualification in any other country.....	7
Section 6: Application Enclosures	8
Section 7: Confirmations.....	9
Section 8: Declaration	10
Part B – Application for Registration TCQR UK.....	13
Section 1: Personal and Contact Information.....	14
Section 2 (a): Details of Formal Qualification in Pharmacy	16
Section 2 (b): Details of Formal Qualification in Pharmacy – applicable when applying for registration only.....	16
Section 3 (a): Practice as a Pharmacist – Details of Countries/Regions where entitled to practice Pharmacy	17
Section 3 (b): Information Relating to Your Practice as a Pharmacist in an Independent and Unsupervised Capacity.....	17
Section 3 (c): Details of Professional Standing and Good Character/Reputation	18
Section 4 (a): Practice as another Health or Social Care Professional.....	18
Section 4 (b): Practice as a Non-Health Related Professional	19
Section 4 (c): Convictions.....	19
Section 5: Ability to Communicate in English or (Irish) Language(s)	20
Section 6: Confirmations.....	21
Section 7: Declaration	22
Submission of Photograph Form	23
Health Status Form - [for the purposes of registration as a pharmacist].....	24
Statutory Declaration Form	26
Payment Form.....	29

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.

About the Third Country Route of Registration

The Third Country Route of Recognition and Registration is for pharmacists who have obtained their qualification in a Non-EU/EEA country.

From 1 January 2021 all UK applicants will be required to apply via the Third Country route.

After this date, and until further notice, those applicants holding a qualification gained in the UK, which would, but for the fact that these are no longer members of the European Union, be subject to Automatic Recognition under the Professional Qualifications Directive, and who can satisfy the PSI of this, may be able to proceed to recognition in a one step process under Rule 18 (1).

This Application Pack **for applicants holding qualifications obtained in UK** consists of two parts:

Part A – Application for Qualification Recognition

Part B – Application for Registration

- If you are applying only to have your qualification recognised only, please fully complete and submit Part A.
- If your qualification has previously been recognised and you are applying to be registered on the Pharmacist Register, please fully complete and submit Part B.
- If you are applying to have your qualification recognised and to be registered on the Pharmacist Register, please complete and submit both Part A and Part B. **If following this option, duplicate sections from Part A and Part B only need to be completed once.**

Part A – Qualification Recognition

Your qualification must be recognised before you can apply for registration with the PSI.

Instructions for completing your application for Qualification Recognition

Please read the instructions carefully before you begin.

The Qualification Recognition pack consists of several sections:

	Details	Have I Completed?
Section 1	Personal and Contact Information	
Section 2	Details of Applicant's Qualification as a Pharmacist	
Section 3	Details of Theoretical and Practical Training	
Section 4	Details of In-Service Pharmacy Training	
Section 5	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	
Section 6	Application Enclosures	
Section 7	Confirmations	
Section 8	Declarations	

Please note the following:

- All information must be provided in the required sections. An incomplete form will be considered invalid and will be returned to you. Please type or use handwritten **block** letters in black ink to complete the application form.
- You must provide **copies** of the documents indicated. Please do **not** enclose original documents as we may not be able to return these.
- If your documents are not in English or Irish, you must provide certified translations with the application.

Attach Passport
photo here

Section 1: Personal and 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

Residential Address: _____

Country of Birth: _____

Date of Birth: _____

Nationality: _____

Gender: 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 you answered no above, please indicate date of previous application: _____

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

If the qualification that you wish to have recognised would have been automatically recognised under the Professional Qualifications Directive before 31 December 2020, (i.e. Compliant with the requirements of Article 44 and title listed in Annex V to the Directive) and the training for which had commenced before that date, please tick Yes below

Yes ☐

No ☐

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

Registration ☐

License ☐

Degree ☐

Other ☐

If other, please specify _____

Name and 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 and address of institution from which Qualification as a pharmacist was obtained:

Official Duration of Training _____ Academic Years

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: Have you applied for or gained recognition of your qualification in any other country

Please confirm you have requested that a Certificate of Current Professional Status be provided directly to PSI from the relevant competent authority (i.e. GPhC or PSNI)

Please note that Certificates of Professional Status/Good Standing are valid only for 3 months from the date of issue.

Please identify any other country you have made application for qualification recognition in and detail the outcome of that application.

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 and the reason for its discontinuation:
			<u>Yes</u>	<u>No</u>	

Section 6: 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:

	Enclosures	Please tick
1	A recent photograph, signed and dated by a registered health or legal professional	
2	A photocopy of my birth certificate and original English translation (if applicable).	
3	A photocopy of my marriage certificate and original English translation (if applicable).	
4	A photocopy of my current passport and original English translation (if applicable).	
5	Statutory declaration as per Schedule 4 (10)(g) of the Registration Rules	
6	A statement of any other education and training considered relevant to the application	
7	A copy of my qualification as a pharmacist in the country/jurisdiction where I obtained such qualification (<i>Refer to the Information and Explanatory Booklet</i>).	

Section 7: Confirmations

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

1)	I have read and understood the Third Country Information and Explanatory Booklet and I believe that my qualification as a pharmacist would, but for the fact that the UK is no longer a member of the European Union, be subject to Automatic Recognition under the Professional Qualifications Directive	<input type="checkbox"/>
2)	I have requested that the required documentation be issued by the relevant Competent Authority and that it be forwarded directly to the PSI in support of my application	<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 and submitted the required support documentation and paid the application fee.	<input type="checkbox"/>
5)	I understand that if my application is not completed and all outstanding queries resolved my application cannot proceed until all queries have been resolved to the satisfaction of the PSI	<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 €3,000 or imprisonment for a term not exceeding 6 months or both.	<input type="checkbox"/>

Signed: _____

(signature of applicant)

Section 8: 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:

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.

Statutory Declaration Form

IN THE MATTER OF SECTION 16(2) (b) OF THE PHARMACY ACT 2007

AND

**IN THE MATTER OF RULES 18 and 19 OF THE PHARMACEUTICAL SOCIETY OF IRELAND (REGISTRATION)
RULES 2008 (SI NO. 494 OF 2008)**

AND

IN THE MATTER OF AN APPLICATION BY

(here insert the name of the applicant)

**TO HAVE THEIR QUALIFICATION RECOGNISED AS A QUALIFICATION APPROPRIATE FOR PRACTICE IN THE
STATE**

I _____ of _____
(here insert name of applicant) *(here insert your usual residential address)*

do solemnly and sincerely declare as follows:

1. I am one and the same person as _____ the
(here insert your name)

applicant in the Form of Application for recognition of a third country pharmacist qualification to which this declaration relates.

2. All the information provided by me in the said application form is to the best of my knowledge, information and belief true, accurate, correct and complete.
3. The copies of my birth certificate, my current passport (and if applicable my marriage certificate) which accompany my said application are true copies of the original documents which are themselves authentic.

I make this solemn declaration conscientiously believing the same to be true for the benefit of the Pharmaceutical Society of Ireland by virtue of the Statutory Declarations Act 1938 (as amended).

DECLARED before me _____
(insert name in capitals)

a Notary Public / Commissioner for Oaths / Peace Commissioner / Practising Solicitor in the Republic of Ireland

(Person authorised by _____
(here insert authorising statutory provision)

to take and receive Statutory Declarations)

by _____
(here insert name of the person swearing the declaration in capitals)

who is personally known to me or who was identified to me by _____
(here insert name of identifying person)

who is personally know to me at _____

(here insert address at which declaration was sworn)

In the County/City of _____

This _____ day of _____ 20_____

Signature of Applicant

Signature of person authorized to take declaration

Part B – Application for Registration TCQR UK

CHECK LIST

Please complete this form in block capitals using a black pen. ALL parts of this application must be completed including the checklist.

Checklist – please check to ensure that you have enclosed the following items with your application – if provided for recognition assessment there is no need to provide an additional copy		Please tick
1	A completed application form and the non-refundable fee of €540.00	
2	A photocopy of your birth certificate issued by country of birth (<i>include original translation where appropriate</i>) and marriage certificate (<i>include original translation if appropriate</i>)	
3	A photocopy of your current passport (<i>include original translation containing details of the person(s) who performed the translation, where appropriate</i>)	
4	A photocopy of your registration certificate OR licence to practice together with original translation (<i>if appropriate</i>)	
5	A photocopy of your pharmacy qualification, diploma or other evidence of formal qualification in pharmacy together with original translation (<i>if appropriate</i>)	
6	A completed Photo Form with two recent photographs	
7	A completed Health Status Form (<i>attesting that your medical practitioner is not aware of any grounds of physical or mental health why you might be unable to discharge the responsibilities of a registered pharmacist</i>)	
8	A completed Statutory Declaration Form	
9	The original certificate issued by the PSI under Rule 18(1) of the Pharmaceutical Society of Ireland (Registration) Rules 2008 showing that the third country qualification held is regarded as a qualification appropriate for practice as a pharmacist in the State if you are not applying concurrently for recognition and registration.	
10	A Certificate of Good Standing or of Current Professional Status issued, no more than three months prior to the date of application, by the appropriate authority of the county in which you qualified or was practising or by the appropriate authority of every country in which you have practised in the five years immediately preceding the date of application. I understand that these documents will be forwarded directly to the Pharmaceutical Society of Ireland	

All personal information submitted by you will be treated in accordance with the Data Protection Acts 1988 -2018 (as amended from time to time), and the General Data Protection Regulation (GDPR), and any national implementing legislation. Please review the Data Protection Statement on our website (bit.ly/PSIDataProtection) for details of our use of your information, and your rights in relation to this.

For PSI use only

Date Stamp

Registration Reference Number:

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FORM OF APPLICATION FOR REGISTRATION AS A REGISTERED PHARMACIST

*(in accordance with Sections 14 and 16(2)(b) of the Pharmacy Act 2007 and the
Pharmaceutical Society of Ireland (Registration) Rules 2008*

Application on the basis of a Third Country Pharmacist Qualification that has been Recognised as a Qualification Appropriate for Practice in Ireland

Explanatory Note: In order to make an application under this heading, the applicant must first have made application under the Act and have obtained recognition of his or her third country qualification as a pharmacist as a qualification appropriate for practice in the State as evidenced by the granting to the applicant by the PSI of an appropriate certificate to that effect as provided for in Rule 18() of the Pharmaceutical Society of Ireland (Registration) Rules 2008 (S.I. 494 of 2008).

Advice for completion of form: Please complete all pages and all sections of this form. Please complete the form in ink using block capital letters. *Please note that an incomplete and/or incorrect form will be considered invalid and will be returned to applicants.*

Section 1: Personal and Contact Information

I _____

(Name of applicant in full as on birth certificate/marriage certificate or passport, where appropriate)
hereby apply to register as a pharmacist.

Residential Address *(Country of Origin)*:

Correspondence Address *(address to which correspondence from the PSI may be sent)*:

Practice Address *(address at which you intend to practice as a pharmacist, if known)*:

Country and Place of Birth: _____

Date of Birth: _____

Nationality: _____

Contact Telephone Number: _____

Mobile Telephone Number: _____

Email Address (print legibly): _____

Have you previously applied for registration with the PSI? Yes ☐ No ☐

If **Yes**, year of previous application: _____

Section 2 (a): Details of Formal Qualification in Pharmacy

Titles of Qualifications in Pharmacy	Name and Address of Awarding Body	Qualification Start Date	Dates of award of Qualifications in Pharmacy

Section 2 (b): Details of Formal Qualification in Pharmacy – applicable when applying for registration only

I am the holder of a certificate (original copy attached) issued by the Council of the Pharmaceutical Society of Ireland stating that I have satisfactorily completed the requirements of Rule 18 (2) of the Pharmaceutical Society of Ireland (Registration) Rules 2008 (SI No. 494 of 2008)

Certificate Number: _____

Certificate Issue Date: _____

Section 3 (a): Practice as a Pharmacist – Details of Countries/Regions where entitled to practice Pharmacy

Note: **You must request** a Certificate of Professional Status/Good Standing from each registration authority that you are currently registered with or have been registered with in the previous five years. Certificates of Current Professional Status must be sent directly to the PSI from the competent authority or authorities on the applicant's behalf.

Please note that Certificates of Professional Status/Good Standing are valid only for 3 months from the date of issue.

Countries/Regions in which registered/entitled to practice Pharmacy	Name and Address of Registration Authority	Date first Registered	Are you currently registered to practice pharmacy in this Country/Region?		If No, please enter date registration discontinued and reason
			<u>Yes</u>	<u>No</u>	

Section 3 (b): Information Relating to Your Practice as a Pharmacist in an Independent and Unsupervised Capacity

Name and address of practice premises	From (dd/mm/yyyy)	To (dd/mm/yyyy)	Area of Practice (community, hospital, industry, academic)	Job Title	Average Weekly Hours

Section 3 (c): Details of Professional Standing and Good Character/Reputation

Are you or have you been sanctioned restricted or prohibited in connection with practising as a pharmacist or operating a pharmacy in any country/state/region?

Yes ☐ No ☐

If **yes**, please complete the following:

Name of Country/ State / Region (including Ireland)	Circumstances of the sanction connected with your as a pharmacist/entitlement to operate a pharmacy?	Penalty/Sanction imposed

Section 4 (a): Practice as another Health or Social Care Professional

Are you/have you ever been qualified/entitled to practise another health (including animal health) or social care profession?

Yes ☐ No ☐

If **yes**, state the name of the profession(s): _____

Are you or have you ever been sanctioned, restricted, or prohibited from practising or carrying on, any other practice, profession or occupation which consists of Health (including animal health) or social care?

Yes ☐ No ☐

If **yes**, please complete the following:

Name of Country/State/ Region (including Ireland)	Circumstances of the sanction connected with the practise or carrying on of any practice, profession or occupation which consists of the provision of health care (including animal health) or social care services?	Penalty/Sanction imposed

Section 4 (b): Practice as a Non-Health Related Professional

Are you or have you ever been sanctioned, restricted, or prohibited from practising or carrying on, any other practice, profession or occupation <u>other than</u> health (including animal health) or social care?	Yes		No	

If **yes**, please complete the following:

Name of Country/State/Region (including Ireland)	Circumstances of the sanction connected with the practise or carrying on of any practice, profession or occupation which consists of the provision of health care (including animal health) or social care services?	Penalty/Sanction imposed

Section 4 (c): Convictions

Have you ever been convicted of an offence in any country/state/region

Yes ☐ No ☐

If **yes**, please complete the following:

Name of Country/State/Region (including Ireland)	Nature of Offence	Penalty/Sanction imposed

Section 5: Ability to Communicate in English or (Irish) Language(s)

*Please note that both the Irish and English languages are an official language of the Republic of Ireland. Applicants for registration should be able to communicate in either English **OR** Irish.*

I have trained as a pharmacist in a country in which English is an official language of the State	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you acknowledge that, when practising in Ireland, you will be required to perform the professional duties of a pharmacist through the English [<u>or</u> Irish] language(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you acknowledge that it is essential, for the purposes of patient safety, that you are able to communicate effectively through the English [<u>or</u> Irish] language(s) with patients, health professionals and others and that they are able to understand fully the advice and information that you provide?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you acknowledge that you must undertake an official English Language Competency Test, administered by an international body recognised by Council*, and provide a relevant certificate as part of your application for registration, if you have not already done so.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 6: Confirmations

I confirm that:

(i)	I understand that, save as is hereinafter provided, the Pharmaceutical Society of Ireland (PSI) will not discuss my application for registration with persons other than myself. I authorise the PSI to communicate as necessary with appropriate third parties to verify my application or any aspect thereof or any document accompanying same.	
(ii)	I understand that the submission of false, incorrect or fraudulent information in this application or the omission of relevant information from this application will be viewed very serious by the Council of the PSI and may result in this application being invalidated, and my name being erased subsequently from the Register of Pharmacists in Ireland	
(iii)	I understand and accept that the law does not permit me to practice as a pharmacist, carry out the duties of a pharmacist otherwise than under the supervision of a registered pharmacist, or represent myself as Pharmacist, until my name has been entered in the register of Pharmacists in Ireland	
(iv)	I am not aware of any reason, on grounds of physical and mental health, why I might be unable to discharge the responsibilities of a registered pharmacist, which I understand, may include taking sole charge of a community or hospital pharmacy	
(v)	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	
(vi)	I understand that if my application for registration is not completed and all outstanding queries resolved, my application will not be approved until all those queries have been satisfactorily resolved	
(vii)	I am not the subject of any legal or disciplinary proceedings in Ireland, or in any other country	

Section 7: Declaration

I declare that I have completed this application form fully and that the information provided on this form, is to the best of my knowledge, complete and correct.

Signature: _____ Date: _____

Signature of Witness: _____ Date: _____

Please also print name and address of witness:

Submission of Photograph Form

For the purposes of applications to register under S.14(1) and S.16(2) of the Pharmacy Act 2007 (as amended)

FIRST NAME:

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SURNAME:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please provide two recent passport photographs. Sign and date this form and return with all documentation accompanying the application to register.

I confirm that:

1. The two photographs I have provided here are recently taken ones of me.
2. I have printed my name in block capitals on the reverse side of each photograph.
3. A registered legal or healthcare professional has signed and dated both photographs, and certified that the photograph is a photograph of me and is a true likeness.
4. I am submitting these photographs and confirmation for the purposes of my application for registration as a pharmacist under sections 14(1) and 16(2) of the Pharmacy Act 2007 (as amended)

Signature:

Date:

I certify that the two photographs signed and dated by me are photographs of the applicant, and are true likenesses of the applicant.

*Witnessed by*¹:

Name:

(Signature)

Address:

Please
Attach
Photo
Here

¹ The registered legal or healthcare professional who has signed and dated both photographs

Health Status Form - [for the purposes of registration as a pharmacist]

DECLARATION BY APPLICANT

(to be signed by the applicant in the presence of the registered medical practitioner)

I, the undersigned, wish to undergo a medical examination for the purposes of obtaining registration as a pharmacist, which may include taking sole charge of a community or hospital pharmacy

Name of Applicant:

(Name in full as it appears on the Birth / Marriage Certificate)

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--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Of:

(Address of Applicant)

Date of Birth: _____

Signed: _____ Date: _____

(Signature of Applicant)

MEDICAL PRACTITIONER CERTIFICATION

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

I, the undersigned registered medical practitioner, hereby certify that: -

- The applicant has signed the above declaration in my presence
- I have examined the applicant with regard to his/her physical or mental health

My opinion as to the state of the applicant's physical or mental health is as follows: -

The examination did not disclose any reason on grounds of physical or mental health why he/she should not be able to discharge the responsibilities of a registered pharmacist.

Yes ☐ No ☐

If **No** – state reasons below-

Signed: _____ **Date:** _____

(Signature of Medical Practitioner)

Print Name: _____

Registration Number: _____

Practice Address: _____

Telephone: _____

Official Surgery Stamp

Statutory Declaration Form

In the matter of part 4 of the pharmacy act 2007

and

**In the matter of part 3 and schedule 1 of the Pharmaceutical Society of Ireland (Registration) Rules 2008
(SI. 494 of 2008)**

and

In the matter of an application by

To have their application for registration as a pharmacist considered for practice in the state

I, _____
[insert name of applicant here]

Of _____

[insert your usual residential address here]

do solemnly and sincerely declare as follows:

I, _____ *[insert your name here]*, am
one and the same person as the applicant in the Form of Application for registration as a pharmacist to
which this declaration relates.

1. All the information provided by me in the said application form is, to the best of my knowledge, information and belief, true, accurate, correct and complete.
2. The copies of my birth certificate, my current passport (and if applicable my marriage certificate) which accompany my said application are true copies of the original documents which are themselves authentic.

3. The passport sized photograph which I have provided as part of this application represents a true current likeness of me the declarant.
4. The copy of my pharmacy degree (and/or evidence that I have passed the Professional Registration Examination), which accompanies my application form, is a true copy of the original which is itself authentic.
5. Insofar as there is any difference between my name as it appears in the said Form of Application and/or in this declaration and/or in the various documents which accompany same I say that I am one and the same person as the person mentioned therein and I will if called upon so to do by Pharmaceutical Society of Ireland (PSI) provide further evidence to that effect.
6. I consider that I have sufficient competence in the English, or Irish language, necessary to discharge my professional obligations as a pharmacist.
7. If it is considered that I do not have sufficient competence in the English, or Irish language, necessary to discharge my professional obligations as a pharmacist, I attest that I will undertake to acquire this competence.
8. I declare that I am aware of the legal, moral and ethical principles which govern the profession of pharmacist in the State and that I have read, understood and agree to abide by the Code of Conduct for Pharmacists as published by the PSI and as may be updated from time to time.
9. I declare that I have not been prohibited under the law of another state from carrying on any activity in that state corresponding to the practice of a pharmacist or the carrying on of a retail pharmacy business, or convicted in Ireland or another state of an offence the nature of which has, in the opinion of the Council, a bearing on my fitness to practice.
10. I declare that I have not been prohibited from practising any profession or occupation which mainly consists of the provision of health (including animal health) or social care services in Ireland or any country.
11. 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.
12. I declare that there is nothing in my past history, conduct or character that, having regard to patient (including animal health) safety and public health, would render it unsafe for me to be permitted to undertake the practice of pharmacy in Ireland.
13. I am aware that under Section 6 of the Statutory Declarations Act 1938 (as amended) it is in Ireland a criminal offence punishable by fine and/or imprisonment for a person to swear a Statutory Declaration which contains information that is to their knowledge false or misleading.

I make this solemn declaration conscientiously believing the same to be true for the benefit of the Pharmaceutical Society of Ireland by virtue of the Statutory Declarations Act 1938 (as amended).

DECLARED before me _____

[insert name in capitals]

a Notary Public / Commissioner for Oaths/Peace Commissioner/Practising Solicitor

by _____

[insert name of the person (applicant) swearing the declaration in capitals here]

who is personally known to me **or** who was identified to me

by _____

[insert name of identifying person here]

OR

whose identity has been established to me before the taking of this Declaration by the production to me of passport no. _____ issued on _____
by the authorities of _____ *[which is an authority recognized by the Irish Government]*

OR

national identity card no. _____ issued on _____
by the authorities of _____ *[which is an EU Member State, the Swiss Confederation or a Contracting Party to the EEA Agreement]*

At _____

[insert address at which declaration was sworn here]

in the County/City of _____

This _____ day of _____ 20____

SIGNATURE OF APPLICANT

**SIGNATURE OF PERSON AUTHORISED TO
TAKE DECLARATION**

Payment Form

Third Country Registration Fee

Fee for First Registration: €540.00 – to be submitted at time of application

Please note that PSI will not be in a position to process your application if the fee is not submitted at time of application.

Regarding payment of fee, please see as follows:

On submitting your registration 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 registration@psi.ie once the fee has been paid by EFT
- Please reference the EFT payment as follows:
TC Registration your name as on application form, for example **TC Registration 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,
D02 TD72
Ireland
+353 (0) 1 218 4000
F. +353 (0) 1 283 7678
E. registration@psi.ie
W. www.thepsi.ie

For Office Use Only:

Name of Applicant: _____

Date fee processed: _____

Date receipt issued to applicant: _____