

The European Directives concerning the free movement of pharmacists in the European Union (EU) allow a person to register as a pharmacist in Northern Ireland (provided that the standard requirements for registration are fulfilled) if they are:

- (i) a national of a Member State of the EU
  - (ii) in good standing with their professional authority in their Member State  
and **EITHER**
  - (iii a) have a degree in pharmacy from a Member State of the EU which complies with the Training Directive 85/432/EEC ie obtained post 1985
- OR**
- (iii b) have a degree in pharmacy from a Member State of the EU which was granted (or at least started) before the implementation date of Training Directive 85/432/EEC in that Member State and have worked in a Member State in an activity referred to in Article 1(2) of Directive 85/432/EEC (which is also an activity regulated by that Member State) for at least three consecutive years during the five years preceding the award of the certificate.

An applicant must provide evidence that he/she complies with (i), (ii) and (iii a) or (iii b).

To demonstrate that he/she complies with (i) he/she will provide a copy of their passport.

To demonstrate that the applicant complies with (ii) he/she will provide a letter now called a **European Certificate of Current Professional Status** from their professional authority which confirms that they are in good standing, currently have the right to practise pharmacy in the Member State and the date on which he/she first acquired the right to practise pharmacy in that Member State. This certificate will be valid for 3 months from the date of issue.

To demonstrate that the applicant complies with (iii a) they should provide a letter from their Competent Authority which confirms that their pharmacy qualification is listed in Article 4 of Directive 85/433/EEC and complies with the Training Directive 85/432/EEC. Appendix B5 provides website addresses of the relevant Competent Authorities.

To demonstrate that the applicant complies with (iiib) they should contact their Competent Authority and ask for confirmation that they comply with Article 6 of Directive 85/433.

He/she may provide other documentation to demonstrate that they comply with (i), (ii) and (iiia) or (iiib).

We shall review the applicants' application for registration within 10 working days of receipt of the fully completed forms. The Society will acknowledge receipt of a completed or incomplete application via letter or email. Please ensure all documentation is completed in full and all documents requested are provided and in date.

### **Name variations**

The applicants name on all documentation must be the same, letter for letter and word for word. Any variation must be verified by a solicitor in the UK see attached form Appendix A5.

### **Certified copies**

Where a certified copy of a document is provided this must be certified as a true copy of the original. Certification must be by an official who is either a UK registered solicitor or the equivalent in your member state. The notarising official must complete the declaration

***I certify that I have seen the original document and that this is a true copy.***

The copy must be signed and dated and have the official solicitors stamp Also giving details of the name and address of the solicitor certifying the documentation. No alterations or corrections are permitted [e.g. liquid paper]

### **Translations**

If documentation is not provided in English applicants are required to provide a certified translation in English as well as the certified copy of the original.

The translator must be professionally registered and authorised. They must provide their registered name and address. They must certify that they are authorised to translate from their particular language into English. They must certify that the translation is true and accurate. Any certification must be stamped and date on the same page as the translation.

Complete the following documentation and return it to the Society. When the Society has received evidence that the applicant complies with (i), (ii) and either (iiia) or (iiib) they will be sent details of the standard requirements for registration.

As part of the standard requirements, the applicant is required to provide<sup>1</sup>:

- A completed Application form
- A certified copy of birth and or marriage certificates
- Original or a certified copy of passport
- Health declaration by a UK registered medical practitioner or equivalent in EU country of origin
- A Certified copy of certificate of qualification and or licence to practise
- A European Certificate of Current Professional Status [letter of good standing]
- Confirmation of compliance with the EU Directives
- A recent passport photograph certified by an appropriate official
- Pay the non-refundable application fee and on registration a registration fee

Please note that the Pharmaceutical Society of Northern Ireland will only conduct correspondence or telephone enquiries with the applicant personally and not with any third party.

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<sup>1</sup> Important reminder, you will be asked to provide certified translations of any documents which are not in English.

### **Health declaration form**

Please use the form provided Appendix A2. The applicant must ensure that the Doctor enters their full name as it appears on their birth/ marriage certificate The doctor must also sign the form, affix the surgery stamp and give his registration number on the declaration. Should the document not be in English then a certified translation is required to be supplied along with the original form.

The health declaration must be submitted within 3 months of the date of issue. [Directive 85/433/EEC Article 11]

### **Statutory declaration**

This must be completed by a UK registered solicitor or the authorised officer of a British embassy. This is detailed in appendix A3 Any differences between names or spellings on the documents must be certified by a solicitor or authorised officer. The applicant may be charged by a solicitor for the completion of the statutory declaration, this is not a matter for the Pharmaceutical Society of Northern Ireland and is a business service between the applicant and the solicitor.

### **European certificate of current professional status**

This must be the original form the Competent Authority in the original country of qualification. The professional authority must confirm that the applicant is in good standing and are not the subject of any disciplinary proceedings or actions pending.

If the applicant is not registered with a competent authority then they must provide a statement from the relevant professional authority to state that there is nothing that would prevent them being registered and practising as a pharmacist in their member state of qualification.

The European certificate of current professional status must be submitted within 3 months of the date of issue. [Directive 85/433/EEC Article 11]

### **Compliance with the Directive 85/433/EEC**

The competent authority must provide documentary evidence that the applicants' qualification or work experience complies with the relevant European directives. Any documents must be the original ones and in compliance with European Directives. The acquired rights certificate must be submitted within 3 months of the date of issue [Directive 85/433/EEC Article 6]

Additional documentation may be required by the Pharmaceutical Society of Northern Ireland to demonstrate compliance with the Directive. E.g. Italian pharmacists who started training before 1-11-1993 and completed this before 1-11-2003 are required to provide evidence that their training does comply with the minimum training requirements.

**Application to register as a pharmacist with the Pharmaceutical Society of Northern Ireland through the EU Directive**

A1

|   |  |  |   |  |   |  |  |   |  |   |  |
|---|--|--|---|--|---|--|--|---|--|---|--|
| First name  |  |  |   |  |   |  |  |   |  |   |  |
| Family name                                       |  |  |   |  |   |  |  |   |  |   |  |
| Address   |  |  |   |  |   |  |  |   |  |   |  |
|   |  |  |   |  |   |  |  |   |  |   |  |
| Country   |  |  |   |  |   |  |  |   |  |   |  |
| Telephone   |  |  |   |  |   |  |  |   |  |   |  |
| Mobile  |  |  |   |  |   |  |  |   |  |   |  |
| email   |  |  |   |  |   |  |  |   |  |   |  |
| University attended                               |  |  |   |  |   |  |  |   |  |   |  |
| Title of degree                                   |  |  |   |  |   |  |  |   |  |   |  |
| Degree started                                    | <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="padding: 0 5px;">-</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="padding: 0 5px;">-</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="padding: 0 5px;">-</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="padding: 0 5px;">-</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </table> |  | - |  | - |  |  | - |  | - |  |
|   | -  |  | - |  |   |  |  |   |  |   |  |
|   | -  |  | - |  |   |  |  |   |  |   |  |
| Degree completed                                  | <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="padding: 0 5px;">-</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="padding: 0 5px;">-</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="padding: 0 5px;">-</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="padding: 0 5px;">-</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </table> |  | - |  | - |  |  | - |  | - |  |
|   | -  |  | - |  |   |  |  |   |  |   |  |
|   | -  |  | - |  |   |  |  |   |  |   |  |
| Are you registered with a professional authority? | yes / no <span style="margin-left: 20px;"><input style="width: 150px; height: 20px;" type="text"/></span>  |  |   |  |   |  |  |   |  |   |  |

The professional body is required to provide you with a certificate confirming your registration or your eligibility to do so. You must organise a letter of good standing and current professional status with that authority. This may also include your registration with any other health professional authority either in the UK or in any other member state.

PLEASE GIVE ALL DETAILS OF ANY FULL TIME EXPERIENCE SINCE YOU FIRST ACQUIRED THE RIGHT TO PRACTISE AS A PHARMACIST IN YOUR MEMBER STATE

|  |  |  |   |  |   |  |  |   |  |   |  |
|--|--|--|---|--|---|--|--|---|--|---|--|
| Date started                                 | <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="padding: 0 5px;">-</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="padding: 0 5px;">-</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="padding: 0 5px;">-</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="padding: 0 5px;">-</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </table> |  | - |  | - |  |  | - |  | - |  |
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| Date completed                               | <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="padding: 0 5px;">-</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="padding: 0 5px;">-</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="padding: 0 5px;">-</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="padding: 0 5px;">-</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </table> |  | - |  | - |  |  | - |  | - |  |
|  | -  |  | - |  |   |  |  |   |  |   |  |
|  | -  |  | - |  |   |  |  |   |  |   |  |
| Name of premises                             |  |  |   |  |   |  |  |   |  |   |  |
| Address                                      |  |  |   |  |   |  |  |   |  |   |  |
|  |  |  |   |  |   |  |  |   |  |   |  |
| Type of pharmacy community/hospital/industry | <input style="width: 150px; height: 20px;" type="text"/>   |  |   |  |   |  |  |   |  |   |  |
| Hours worked per week                        | <input style="width: 40px; height: 20px;" type="text"/>  |  |   |  |   |  |  |   |  |   |  |

|  |                      |   |                      |   |                      |
|--|----------------------|---|----------------------|---|----------------------|
| Date started                                 | <input type="text"/> | - | <input type="text"/> | - | <input type="text"/> |
| Date completed                               | <input type="text"/> | - | <input type="text"/> | - | <input type="text"/> |
| Name of premises                             | <input type="text"/> |   |                      |   |                      |
| Address                                      | <input type="text"/> |   |                      |   |                      |
|  | <input type="text"/> |   |                      |   |                      |
| Type of pharmacy community/hospital/industry | <input type="text"/> |   |                      |   |                      |
| Hours worked per week                        | <input type="text"/> |   |                      |   |                      |

|  |                      |   |                      |   |                      |
|--|----------------------|---|----------------------|---|----------------------|
| Date started                                 | <input type="text"/> | - | <input type="text"/> | - | <input type="text"/> |
| Date completed                               | <input type="text"/> | - | <input type="text"/> | - | <input type="text"/> |
| Name of premises                             | <input type="text"/> |   |                      |   |                      |
| Address                                      | <input type="text"/> |   |                      |   |                      |
|  | <input type="text"/> |   |                      |   |                      |
| Type of pharmacy community/hospital/industry | <input type="text"/> |   |                      |   |                      |
| Hours worked per week                        | <input type="text"/> |   |                      |   |                      |

|  |                      |   |                      |   |                      |
|--|----------------------|---|----------------------|---|----------------------|
| Date started                                 | <input type="text"/> | - | <input type="text"/> | - | <input type="text"/> |
| Date completed                               | <input type="text"/> | - | <input type="text"/> | - | <input type="text"/> |
| Name of premises                             | <input type="text"/> |   |                      |   |                      |
| Address                                      | <input type="text"/> |   |                      |   |                      |
|  | <input type="text"/> |   |                      |   |                      |
| Type of pharmacy community/hospital/industry | <input type="text"/> |   |                      |   |                      |
| Hours worked per week                        | <input type="text"/> |   |                      |   |                      |

|  |  |
|--|--|
| Date started                                 | <input type="text"/> - <input type="text"/> - <input type="text"/> |
| Date completed                               | <input type="text"/> - <input type="text"/> - <input type="text"/> |
| Name of premises                             | <input type="text"/>   |
| Address                                      | <input type="text"/>   |
|  | <input type="text"/>   |
|  | <input type="text"/>   |
| Type of pharmacy community/hospital/industry | <input type="text"/>   |
| Hours worked per week                        | <input type="text"/>   |

Nationality

Previous applications for membership of the Pharmaceutical Society of Northern Ireland

Have you applied for membership before YES / NO

If yes date of previous application  -  -

Declaration

**I declare that the information provided here is correct to the best of my knowledge**

Signature

Date  -  -

## HEALTH DECLARATION BY A MEDICAL PRACTITIONER

A2

This declaration should be completed by a either:

1. The applicants usual medical practitioner
2. A medical practitioner who has carried out a full medical examination of the applicant

**This declaration must be submitted within three months of being completed by you and the medical practitioner**

All names must be exactly those as spelt and defined on the Birth / Marriage certificates provided

First name

Family name

### **To the Registrar of the Pharmaceutical Society of Northern Ireland**

a. The patient named above has been my patient for  years  months  
or

b. The patient named above has been examined by me on  -  -

please complete (a) or (b) as appropriate

I know of no reason on the grounds of mental or physical health why the pharmacist named above should not be able to discharge the responsibilities of a registered pharmacist, which I understand may include taking sole charge of a community or a hospital pharmacy

Signed by  Date  -  -

PLEASE PRINT NAME OF DOCTOR

Registration number of doctor

official stamp of the doctors  
surgery

## HEALTH DECLARATION BY THE PHARMACIST APPLICANT

I declare that I know of no reasons, on the grounds of mental or physical health, why I should not be able to discharge the responsibilities of a registered pharmacist which I understand may include taking sole responsibility for a community or a hospital pharmacy

Signature

Date  -  -

**Statutory declaration with regard to the documentation provided to the Pharmaceutical Society of Northern Ireland**

A Declaration where no birth certificate is provided or the certificate is not written in English

[insert names and address as per application form]

I do solemnly and sincerely declare to the best of my knowledge and belief that I

First name

Family name

of

Address

Country

was born on Date  -  -

In

country

and that I am unable to obtain a certified copy of my birth certificate  
or the certificate is not written in English delete as appropriate

B Declaration when using a name other than that on the birth / marriage certificate provided

[insert names and address as per birth certificate]

I do solemnly and sincerely declare to the best of my knowledge and belief that I

First name

Family name

of

Address

Country

have since Date  -  -

used and will in the future be known by the name

Signature, name as per application form

BLOCK CAPITALS PLEASE

C Declaration when using a name other than that on the application form provided

[insert names and address as per birth certificate]

I do solemnly and sincerely declare that I

|             |                      |
|-------------|----------------------|
| First name  | <input type="text"/> |
| Family name | <input type="text"/> |
| of          |                      |
| Address     | <input type="text"/> |
|             | <input type="text"/> |
|             | <input type="text"/> |
| Country     | <input type="text"/> |

have provided documentation for the purposed of registration as a pharmacist in Northern Ireland and that all documents relate to me and that all versions of my name relate to one and the same person

A4

**DECLARATION BY APPLICANT**

[insert names and address as per APPLICATION FORM]

I do solemnly and sincerely declare that I

|             |                      |
|-------------|----------------------|
| First name  | <input type="text"/> |
| Family name | <input type="text"/> |
| of          |                      |
| Address     | <input type="text"/> |
|             | <input type="text"/> |
|             | <input type="text"/> |
| Country     | <input type="text"/> |

have made the declarations overleaf conscientiously believing them to be true and by virtue of the provisions of the Statutory Declarations Act 1835

I am the person referred to in all of the documents provided.

My linguist knowledge and application of English is such that I am competent to discharge the full professional responsibilities and duties of a practising pharmacist in Northern Ireland

Signature, name as per application form  
BLOCK CAPITALS PLEASE

|                      |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |

**DECLARATION BY SOLICITOR**

**A5**

to be completed by the solicitor only

First name

Family name

of

Practice Address

Country

This declaration has been made before me today  -  -

I confirm that I am authorised to administer this oath

Signature, of Solicitor

BLOCK CAPITALS PLEASE

official stamp of the  
solicitors practise

## Photographs to verify identity of applicant

All applicants must provide a recent passport photograph that has been signed on the back by an appropriate official

Requirements for an appropriate official

The counter signatory must be a professional person of some standing in the community. Examples of such a person might be: a solicitor, pharmacist, medical doctor or a licensed practitioner. The person signing must not be related to you by birth or marriage. They should not be living at the same address or be in a personal relationship with you.

Further detail

- They must have known you for at least 2 years
- They must certify on the back of the photograph that this is a true and accurate likeness of you and this should be in their own handwriting
- They also need to complete the statutory declaration overleaf

The photograph

- Of you alone
- Head and neck only
- Recent taken in the last 4 weeks
- Colour
- Clearly defined image
- Have a white background
- Printed on low gloss photo paper
- Undamaged or unmarked

The same parameters which are required for a photograph presented in a passport apply to this application.

- No dark glasses
- No covering of the face by hair etc
- Serious expression
- Eyes open
- Mouth closed
- No reflection on spectacles

### To be completed by the professional person signing the photograph

A6

|             |  |
|-------------|--|
| First name  |  |
| Family name |  |
| Address     |  |
|             |  |
| Country     |  |
| profession  |  |
| Telephone   |  |
| email       |  |

By countersigning this photograph I agree that the Pharmaceutical Society of Northern Ireland may contact me to verify that the information provided is correct

I declare that the I have signed the photograph enclosed with this application form and that I have known the applicant

for a period of [            ] years and that the information I have provided is correct

Signature of professional person

BLOCK CAPITALS

Date

 -  -

## Appendix B

1. Information on the Council Directive 85/432/EEC in regards to the reference date when each European State was required to implement the Pharmacy Training Directive is shown below.

Table b(1) Reference dates

| Country        | Reference date    |
|----------------|-------------------|
| Austria        | 1st October 1994  |
| Belgium        | 1st October 1987  |
| Bulgaria       | 1st January 2007  |
| Cyprus         | 1st May 2004      |
| Czech Republic | 1st May 2004      |
| Denmark        | 1st October 1987  |
| Estonia        | 1st May 2004      |
| Finland        | 1st October 1994  |
| France         | 1st October 1987  |
| Germany        | 1st October 1987  |
| Greece         | 1st October 1987  |
| Hungary        | 1st May 2004      |
| Iceland        | 1st October 1994  |
| Italy          | 1st November 1993 |
| Latvia         | 1st May 2004      |
| Liechtenstein  | 1st October 1994  |
| Lithuania      | 1st May 2004      |
| Luxembourg     | 1st October 1987  |
| Malta          | 1st May 2004      |
| Netherlands    | 1st October 1987  |
| Norway         | 1st October 1994  |
| Poland         | 1st May 2004      |
| Portugal       | 1st October 1987  |
| Romania        | 1st January 2007  |
| Slovakia       | 1st May 2004      |
| Slovenia       | 1st May 2004      |
| Spain          | 1st October 1987  |
| Sweden         | 1st October 1994  |

2. Appropriate European diplomas are designated as being approved qualifications for the purposes of registration in the Register of Pharmacists.

Any diploma specified in the second column of the table which has been granted in a relevant European State after its reference date and which is evidence of training commenced on or after that date; or any diploma which has been granted in a relevant European State before its reference date or which is evidence of training commenced before that date but completed on or

after that date is an appropriate qualification. The following diplomas are “appropriate European diplomas”

Table b(2) outlines EEA member states, Competent Authority, recognised Pharmacy Qualification, Awarding body and Certificate.

Table b(2)

| <b>Country</b> | <b>Title of Qualification</b>   | <b>Awarding Body</b>  | <b>Certificate accompanying qualification</b> |
|----------------|---|---|---|
| Austria        | Staatliches Apothekerdiplom   | Bundesministerium für Arbeit, Gesundheit und Soziales   |   |
| Belgium        | -Diploma van Apotheker<br>-Diplôme de pharmaciens                       | 1. De universiteiten/les universités<br>2. De bevoegde Examencommissie van de Vlaamse Gemeenschap/le Jury competent d'enseignement de la Communauté française |   |
| Bulgaria       | Please contact the PSNI   | Please contact the PSNI   | Please contact the PSNI                       |
| Cyprus         | Please contact the PSNI   | Please contact the PSNI   | Please contact the PSNI                       |
| Czech Republic | Diplom o ukončení studia ve studijním programu farmacie (magistr, Mgr.) | Farmaceutická fakulta univerzity v České republice  | Vysvědčení o státní závěrečné zkoušce         |
| Denmark        | Bevis for bestået farmaceutisk kandidatexamen                           | Danmarks Farmaceutiske Højskole   |   |
| Estonia        | Diplom proviisori õppekava läbimise eest                                | Tartu Ülikool   |   |
| Finland        | Proviisorin tutkinto/provisorioexamen                                   | 1. Helsingin yliopisto/<br>Helsingfors Universitet<br>2. Kuopion yliopisto  |   |
| France         | Diplôme d'Etat de pharmaciens/Diplôme d'Etat de docteur en pharmacie    | Universités   |   |
| Germany        | Zeugnis über die Staatliche Pharmazeutische                             | Zuständige Behörden   |   |

|               |   |  |  |
|---------------|---|--|--|
|               | Prüfung   |  |  |
| Greece        | Please contact the PSNI   | Please contact the PSNI  | Please contact the PSNI                          |
| Hungary       | Okleveles leveles gyogyzeresz oklevél (magister pharmaciae, abbrev: mag.pharm)  | Egyetem  |  |
| Iceland       | Próf í lyfjafræði   | Háskóli Íslands  |  |
| Ireland       | Bachelors Degree in Pharmacy  | University   | Certificate of Registered Pharmaceutical Chemist |
| Italy         | Diploma o certificato di abilitazione all'esercizio della professione di farmacista ottenuto in seguito ad un esame di Stato  | Università   |  |
| Latvia        | Farmaceita diploms  |  |  |
| Liechtenstein | The diplomas, certificates and other titles awarded in another relevant European State and listed in this Schedule accompanied by a certificate on the completed practical training issued by the competent authorities |  |  |
| Lithuania     | Aukštojo mokslo diplomas, nurodantis suteikta vaistininko profesine kvalifikacija   | Universitetas  |  |
| Luxembourg    | Diplôme d'Etat de pharmacien  | Jury d'examen d'Etat + visa du ministre de l'éducation nationale                                     |  |
| Malta         | Lawrja fil-farmacija  | Universita'ta' Malta   |  |
| Netherlands   | Getuigschrift van met goed gevolg afgelegd apothekersexamen   | Faculteit Farmacie   |  |
| Norway        | Vitnemål for fullført grad kandidata/candidatus pharmaciae, short form: cand. pharm.  | Universitetsfakultet   |  |
| Poland        | Dyplom ukonczenia studiów wyższych na kierunku farmacja z tytułem magistra  | 1. Akademia Medyczna<br>2. Uniwersytet Medyczny<br>3. Collegium Medicum Uniwersytetu Jagiellonskiego |  |

|             |  |  |   |
|-------------|--|--|---|
| Portugal    | Carta de curso de licenciatura em Ciências Farmacêuticas   | Universidades  |   |
| Romania     | Diploma de licenta de farmacist  | Universitati   |   |
| Slovakia    | Vysokoškolský diplom o udelení akademického titulu "magister farmácie" ("Mgr.")  | Vysoká škola   |   |
| Slovenia    | Diploma, s katero se podeljuje strokovni naziv "magister farmacije/ magistra farmacije                                       | Univerza   | Potrdilo o opravljenem strokovnem izpitu za poklic magister farmacije/ magistra farmacije |
| Spain       | Título de licenciado en farmacia   | Ministerio de Educación y Cultura/El rector de una Universidad |   |
| Sweden      | Apotekarexamen   | Uppsala universitet  |   |
| Switzerland | Titulaire du diplôme fédéral de pharmacien, eidgenössisch diplomierter Apotheker, titolare di diploma federale di farmacista | Département fédéral de l'intérieur                             |   |

For further details and information on Bulgaria, Cyprus and Greece

4. An appropriate European diploma is also recognised where the qualification was awarded by the competent authorities of, or which is evidence of training started in, the territory specified in column (b) of the table below before the date specified in the corresponding entry in column (a).

Table in respect of recognition of training in the former Czechoslovakia, the former Soviet Union or the former Yugoslavia

| Column (a)       | Column (b)            | Column (c)     |
|------------------|-----------------------|----------------|
| 1st January 1993 | Former Czechoslovakia | Czech Republic |
| 1st January 1993 | Former Czechoslovakia | Slovakia       |
| 20th August 1991 | Former Soviet Union   | Estonia        |
| 21st August 1991 | Former Soviet Union   | Latvia         |
| 11th March 1990  | Former Soviet Union   | Lithuania      |
| 25th June 1991   | Former Yugoslavia     | Slovenia       |

5. Please follow the link to relevant competent authority

Austria

<http://www.apotheker.or.at/>

Belgium

[https://portal.health.fgov.be/portal/page?\\_pageid=56,512460&\\_dad=portal&\\_schemata=PORTAL](https://portal.health.fgov.be/portal/page?_pageid=56,512460&_dad=portal&_schemata=PORTAL)

Cyprus

[http://www.moh.gov.cy/moh/moh.nsf/pharm\\_en/pharm\\_en?OpenDocument](http://www.moh.gov.cy/moh/moh.nsf/pharm_en/pharm_en?OpenDocument)

Czech Republic

<http://www.mzcr.cz/>

Denmark

<http://www.rpsgb.org.uk/pdfs/regeeacompauth.pdf>

Estonia

<http://www.tervishoiuamet.ee/index.php?page=199>

Finland

<http://www.teo.fi/EN/TEO/Sivut/etusivu.aspx>

France

<http://www.ordre.pharmacien.fr/>

Germany

<http://www.rpsgb.org/pdfs/regeeacompauthge.pdf>

Greece

<http://www.mohaw.gr/>

Hungary

[http://www.eekh.hu/index.php?option=com\\_content&task=blogcategory&id=8&Itemid=26](http://www.eekh.hu/index.php?option=com_content&task=blogcategory&id=8&Itemid=26)

Iceland

<http://eng.heilbrigdisraduneyti.is/>

Ireland

<http://www.pharmaceuticalsociety.ie/>

Italy

<http://www.ministerosalute.it/>

Latvia

[lfb@parks.lv](mailto:lfb@parks.lv) (email address)

Liechtenstein

<http://www.ifos.de/anabin/scripts/frmStelle1.asp?ID=448>

Lithuania

<http://www.randburg.com/li/minihealth.html>

Luxembourg

<http://www.ms.etat.lu/>

Malta

<http://www.sahha.gov.mt/pages.aspx?page=89>

Netherlands

<http://www.ribiz.nl/>

Norway

[http://www.helsetilsynet.no/templates/ArticleWithLinks\\_5517.aspx](http://www.helsetilsynet.no/templates/ArticleWithLinks_5517.aspx)

Poland

<http://www.nia.org.pl/>

Portugal

<http://www.ordemfarmaceuticos.pt/frontoffice/pages/defaultCategoryViewOne.asp?catId=225>

Spain

<http://www.mec.es/>

Slovak Republic

<http://www.health.gov.sk/>

Slovenia

<http://www.mz.gov.si/>

Sweden

<http://www.socialstyrelsen.se/>

Switzerland

<http://www.bag.admin.ch/index.html?lang=en>