

Outline of the requirements for Registration in Northern Ireland of a Pharmacist, first registered in Great Britain.

**The Registrar of the Pharmaceutical Society of Northern Ireland must be in receipt of a European Certificate of Current Professional Status from the Registrar of the General Pharmaceutical Council confirming membership, good-standing, premises where pre-registration training was carried out with dates of training and registration number.**

**This letter is valid for 3 months<sup>1</sup>.**

You are also required to submit the following documents:

1. A recent passport-sized photograph, certified by an appropriate official (please refer to appendix 1 for more information).
2. A Health Declaration.  
Please use the form provided in Appendix 2. 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.<sup>2</sup>
3. Solicitor certified copies of birth and marriage certificate (for women registered under their married name).

Please note that if your documents are not in the same name the statutory declaration in Appendix 3 must be completed.

Please fill in Part A where no birth certificate is provided.

Please fill in Part B where using a name other than that on birth/marriage certificate.

When necessary sections above are completed please fill in Declaration by applicant and have a UK registered solicitor complete Declaration by solicitor section.

**An applicant is also required to submit:**

- Original Degree certificate or a certified copy
- Original Registration certificate or a certified copy
- Photographic ID in the form of a passport or driving license or a certified copy of either of these documents
- Payment

A non-refundable application fee of £121 plus the registration fee of £372 will be required for new applicants.

If paying by cheque please make payable to The Pharmaceutical Society of Northern Ireland.

The Society will acknowledge the receipt of your application and will endeavor to complete the process within 5 working days of receiving it.

An applicant will also be invited to attend a non-compulsory induction meeting with the Registrar which includes an introduction to the NI Code of Ethics and completion of CPD in NI.

**Please note that you may not work as a pharmacist in Northern Ireland until your name appears on Register of Pharmaceutical Chemists for Northern Ireland**

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<sup>1</sup> The European certificate of current professional status must be submitted within 3 months of the date of issue. [Directive 85/433/EEC Article 11]

<sup>2</sup> The health declaration must be submitted within 3 months of the date of issue. [Directive 85/433/EEC Article 11]

## Appendix 1

### **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**

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 2

### HEALTH DECLARATION BY A MEDICAL PRACTITIONER

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  -  -

Appendix 3

**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**

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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

**DECLARATION BY APPLICANT**

I do solemnly and sincerely declare that I

First name

Family name

of

Address

Country

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

**DECLARATION BY SOLICITOR**

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

