

# Certificate of Current Professional Status

Application form

## Section One – Personal Details

Title		Registration number	
Surname			
Forename(s)			
Date of Birth			
Home Address Including postcode			
Home phone			
Work phone			
Mobile			
Email Address			

## Section Two - Qualifications

Title of pharmacy qualification (e.g. MPharm, BSc)	
University awarding	
Year of qualification	

## Section Three – Pre-Registration Training

### Placement 1

Date training began		Date training ended	
Name & Address of placement			

### Section Three – continued

#### Placement 2

Date training began		Date training ended	
Name & Address of placement			

### Section Four – Board for CCPS

Name of Board/Council to which the certificate is to be sent	
Address of Board/Council to which the certificate is to be sent	

### Section Five – Declarations

1. Are you currently bound over or do you have any convictions, cautions or informed warnings in the UK or in any other country which are not deemed 'protected' under the Rehabilitation of Offenders (Exceptions) Order (NI) 1979 (as amended)?

Guidance on the 'protected' convictions and the 'filtering' scheme can be found at: <https://www.nidirect.gov.uk/articles/informed-disclosed-about-you#toc-2>

Please "X" Yes  No

It is not necessary to declare:

- (i) A motoring offence which has not resulted in disqualification; or
- (ii) Any other matter about which you have previously advised the Registrar in writing.

2. Are you the subject of ongoing or pending criminal proceedings in the UK or elsewhere other than a motoring offence not likely to result in a disqualification, about which you have not previously advised the Registrar in writing?

Please "X" Yes  No

3. Have you agreed to pay a penalty under Section 109a of the Social Security Administration (Northern Ireland) Order 1992 (penalty as an alternative to prosecution) about which you have not previously advised the Registrar in writing?

Please "X" Yes  No

4. Have you been notified by a regulatory body in the UK responsible under any statutory provision for the regulation of a health or social care profession of a determination to the effect that your fitness to practise is impaired, or a determination by a regulatory body elsewhere to the same effect, about which you have not previously advised the Registrar in writing?

Please "X" Yes  No

5. Are you subject to an investigation by another body (other than the PSNI) about which you have not previously advised the Registrar in writing?

Please "X" Yes  No

6. Are you the subject of any fraud investigations by an HSC body about which you have not previously advised the Registrar in writing?

Please "X" Yes  No

7. Have you been removed, contingently removed or suspended from, refused admission to or conditionally included in any list held by an HSC body or providers of pharmaceutical services on fitness to practise grounds about which you have not previously advised the Registrar in writing?

Please "X" Yes  No

8. Are you included in a barred list (within the meaning of the Safeguarding Vulnerable Groups Act 2006 or the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007) about which you have not previously advised the Registrar in writing?

Please "X" Yes  No

9. Do you currently have any problems with your physical or mental health that may impair your ability to practise safely and effectively or which otherwise impairs your ability to carry out your duties in a safe and effective manner?

Please "X" Yes  No

If your answer is YES to any of the above, please provide details and any evidence that you consider would help support your claim of good character for consideration by the Registrar, if not previously supplied. A declaration form is available on the Registration section of the website: [www.psni.org.uk](http://www.psni.org.uk)

Please note fitness to practise information declared (if resulting in a sanction) will be referenced on a Certificate of Current Professional Status and/or European professional card supplied by the organisation to another competent authority.

### **Health Declarations**

Registrants must also consider their health when determining their fitness to practise. Principle 5.1.1 provides that registrants "must practise only when you are competent and fit to do so."

If you are concerned that a physical or mental health condition may impair your ability to practise, you must seek to clarify this with your treating physician. If, following discussion with your treating physician, you continue to have concerns regarding your fitness to practise, you should make a declaration in relation to your health.

- Any declaration regarding a health matter will be completely confidential.
- Please note that a GP report may be requested and/or you may be asked to undertake an occupational health assessment / other health assessment commissioned by the organisation.
- A declaration form should ONLY be completed if you wish to make a declaration.

Are there any matters to be declared in relation to your mental or physical health that may impair your fitness to practise about which you have not previously advised the regulator in writing?

Please "X"

Yes

No

### Health Declarations – continued

Please note you may also be asked to undertake an occupational health assessment commissioned by the organisation. A declaration form is ONLY to be completed should you wish to make a declaration. The declaration form is available on our website.

I understand and I am able to undertake the responsibilities of a registered Pharmacist which I acknowledge may include taking sole charge of a community or hospital pharmacy and the provision of advice in relation to the science of medicine or the practise of pharmacy or healthcare.

I acknowledge and understand my obligations when working in a registered pharmacy as detailed in the Health Act 2006 and the Medicines (Pharmacies) (Responsible Pharmacist) Regulations 2008.

I understand my obligations as detailed in the Code of Ethics and Standards 2016 and the supplementary professional standards and guidance published by the organisation.

I understand that if I am found to have given false or misleading information in connection with my retention on the Register, this may be treated as impairment for the purposes of the Pharmacy (NI) Order 1976 which may result in fitness to practice proceedings.

### **Declaration by the Pharmacist:**

I declare that the information provided in this form is true and any supporting documents are accurate.

Print Name	
Signature	
Date	

### **Guidance Notes:**

Please ensure that all sections of this form are complete to avoid any delays in processing your application. Completed applications should be sent to: Registration Department, Pharmaceutical Society NI, 73 University Street, Belfast, Co. Antrim, BT7 1HL or by email to [registration@psni.org.uk](mailto:registration@psni.org.uk)

An application to voluntarily withdraw from the register can be found in the Registration section of our website: [www.psni.org.uk](http://www.psni.org.uk)

### CCPS on completion of Pre-Registration

A CCPS can only be sent after you have first registered.

In order to register with another regulatory body at the end of the pre-registration year you must initially register with the Pharmaceutical Society NI. If you do not, you will not meet the requirements for EEA recognition of professional qualifications. This is detailed in the Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications (<https://tinyurl.com/y98776rn>). An extract to confirm the position of the GPhC and PSI can be found here: <https://tinyurl.com/ydgdv9kh>.