



# Royal Pharmaceutical Society of Great Britain

Application for Recognition as an  
EEA Pharmacist

## Introduction

Thank you for your enquiry about registration as a pharmacist in Great Britain.

## About the Royal Pharmaceutical Society of Great Britain

The Royal Pharmaceutical Society of Great Britain (RPSGB) is the professional and regulatory body for pharmacists in England, Scotland and Wales. It also regulates pharmacy technicians on a voluntary basis, which is expected to become statutory under anticipated legislation. The primary objectives of the Society are to lead, regulate, develop and represent the profession of pharmacy. All pharmacists in Great Britain must be registered with the RPSGB.

You are required to complete this application pack if you are

- a national of a Member State of the European Economic Area (EEA) or are an exempt person
- and in good standing with your professional authority in your Member State
- and entitled to practise as a pharmacist in the EEA

This application for recognition will enable the Society, once you have provided all the required documentation as listed, to determine your appropriate route to registration and supply the relevant 'application for registration form'.

## General Information on completing the forms

To make sure we can process your form, please use blue or black ball point pen and **BLOCK CAPITALS** when you fill out all the forms.

All forms should be returned to:

**International Registration Division  
Directorate of Regulation  
Royal Pharmaceutical Society  
1 Lambeth High Street  
London SE1 7JN**

We always try to process applications for registration as quickly as possible. We will review your application documentation within one month of receipt and contact you if any documentation is incorrect.

## Application for Recognition as an EEA Pharmacist

To help us process your application as quickly as possible, please check it very carefully and make sure you include all the documents we need. You should ensure that your documents are in the format as described in this pack. Should your application not meet the requirements as set out your application may well be returned to you. The Society does not accept any responsibility for documents lost in the post. If we need to contact you, we will use the details you provide on the form, so it is very important to make sure that these are up to date and accurate, and to contact us immediately if they change. As we would normally contact you via email please ensure that you write your email address clearly and legibly.

Please note that the registration procedure is all carried out via post and e-mail. When possible, the Society will contact you via email. There is no need to come to the Society's headquarters and we do not see applicants in person. Should you wish further information/clarification please contact the International Registration Department at [overseas@rpsgb.org](mailto:overseas@rpsgb.org) or +44 0207 572 2317.

### Documentation

You must submit all the documents listed in the 'How to Apply' Section. Please note that you are strongly advised to send your documents by recorded delivery.

### Application Fee

All applications must come with the application fee of **£100**. This fee covers the costs of processing your initial application and is non-refundable. Please note that any application that does not come with the application fee will be returned to you at your own risk.

You may pay the application fee by the following methods

- A personal cheque drawn from a UK bank account.
- A Great Britain Postal Order
- A banker's draft (a cheque issued by your bank and drawn from a UK bank account)

All cheques etc must be made payable to 'Royal Pharmaceutical Society of Great Britain' or 'RPSGB'.

Please note that it is not currently possible to pay by method other than listed above. However the RPSGB is withdrawing the use of cheques and we are developing an alternative means of payment. This will be publicised on the website in due course.

### Variations in your Name

Your name on all the documents you submit must be exactly the same – letter for letter, word for word.

If there are any variations in your name within or between documents you must provide a declaration of those variations on the Statutory Declaration form provided (**Appendix 3**), sworn before a solicitor in the United Kingdom or authorised embassy official. Please note that additional documentation may be required.

## Application for Recognition as an EEA Pharmacist

### Certified copies

Where a certified copy of a document is required applicants are required to submit photocopies that are certified as true copies of the originals. Officials who can certify your documents include UK registered solicitors, the legal equivalent in your home Member State, an authorised officer of a British embassy or a notary public. The authorised official must write “*I certify that I have seen the original document and that this is a true copy*”, sign and date each photocopy they are countersigning and provide their official solicitors stamp. If a document is not in English, applicants are required to provide a certified translation in English, as well as the certified copy of the original language document.

Please note that the office will **not** accept copies that have been certified by persons such as police officers, local government officials or other professionals.

**NB No liquid paper amendments or alterations of any other kind are permitted to certified copies.**

### Translations

If any document or certification you provide is not in English, you are required to provide a certified translation into English. The translation must be carried out by a professionally registered and authorised translator. The translator must provide their name and business address and certify *in English* that they are authorised to translate from the particular foreign language into English and that the translation produced is true and accurate. This certification must be on the same page as the translation or be attached to the translation.

### Inability to provide documents

Normally we must receive **all** the documents listed in the ‘How to Apply’ section before we will complete your application. Please provide a written explanation if you cannot provide any of the documents in the ‘How to Apply’ section. If your explanation is not accepted we will still ask you to provide the documents in the ‘How to Apply’ section. If your explanation is accepted you will be informed of what alternative documentation is required.

### Additional documentation

The Society reserves the right to request any additional documentation at any time

# Application for Recognition as an EEA Pharmacist

## How to Apply

### Checklist

You are required to submit **all** of the documents listed below. Please make sure that you have all these documents before submitting your application.

1. A completed, signed and dated questionnaire (**Appendix 1**)
2. Proof of your nationality. This must be a certified copy of your passport.
3. Health declaration form completed by you and also by a registered Medical Practitioner.
4. A certified copy of your birth certificate and, if applicable, a certified copy of your marriage certificate.
5. A certified copy of your diploma (degree certificate) and, if applicable, a certified copy of your license to practise.
6. 1 recent passport photograph certified by an appropriate official (**Appendix 4**)
7. The Application Fee of £100.

In addition, the following documents must be sent **direct** to the Society (either via post or email) by the issuing authority.

8. Evidence of Registration and Good Standing (the original document.)
9. Confirmation of compliance with the Directives (the original document).

## Further Information

### Proof of nationality

This should be a certified copy of your passport although it may be acceptable for you to provide a certified copy of your identity card. This must be the identity card that proves your nationality and enables you to travel between EEA Member States.

### Health Declaration Form

Please use the form provided (**Appendix 2**). Please ensure that your doctor enters your full name as it appears on your birth/marriage certificate. Also, in addition to entering their full name below their signature, your doctor must provide his registration number and stamp the declaration with the official surgery stamp. Should this stamp not be in English, we will require an authorised translation. You must also complete the 'declaration by applicant' section of the form.

Under Article 50 of Directive 2005/36/EC the Health Declaration must be submitted within 3 months of the date of issue.

### Birth / Marriage Certificate

If you cannot provide a certified copy of your birth then you are required to complete Section A of the Statutory Declaration (**Appendix 3**). Please see the section below.

## Application for Recognition as an EEA Pharmacist

### Statutory Declaration

The Statutory Declaration must also be completed, in the relevant section, by either a UK-registered solicitor or an authorised officer of a British embassy. Please note that we do not accept declarations authorised by notaries, unless they include the statement 'I can confirm that I am authorised to administer such an oath'.

Should your names not be identical on all your documents (this includes any middle names or initials you may have and any changes in spelling or order) you must complete Section C of the Statutory Declaration.

Should you be applying under a different name to that which appears on your birth certificate (and cannot provide a marriage certificate if applicable), you must complete Section B of the Statutory Declaration.

Failure to provide this statutory declaration, if needed, may delay your application.

To find out what evidence will be required from you by a solicitor in order for them to complete the Statutory Declaration, please contact the solicitor's office directly. The solicitor will charge for completion of the Statutory Declaration. This charge may vary between solicitors. The

International Registration Department does not have information on what is required by the solicitor or what fees are applicable.

### Evidence of Registration and Good Standing

This must be an original document from your professional authority which confirms your registration and good standing with that authority. **This document must be sent direct to the Society by your professional authority.** The professional authority must confirm that you have not been the subject of any disciplinary proceedings and that there are no disciplinary proceedings pending against you.

If you are not registered with a professional authority you are required to provide a letter from the relevant professional authority confirming that if you wished to register with that authority there is nothing adverse known about you which would prevent your registration and ability to practise as a pharmacist in your Member State of qualification. **Without an acceptable letter of good standing your application cannot be processed.**

Under Article 50 of Directive 2005/36/EC your letter of good standing has a validity of 3 months. Your application must be submitted within 3 months of the date of issue of your letter of good standing therefore. You are strongly advised to ensure that your application and this letter of good standing arrive around the same time.

If you are registered with more than one professional authority and/or have worked in an additional country during the last 5 years, evidence of good standing from the relevant authority(s) will be required.

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### Compliance with the Directives

We require the original document from the Competent Authority which confirms that your qualification or work experience complies with the relevant European Directives. **This certificate must be sent direct to the Society by your Competent Authority.**

Documents confirming compliance with Article 23 of Directive 2005/36/EC, i.e. the 'acquired rights' certificate has a validity of 3 months. Your application must be submitted within 3 months of the date of issue of this certificate. You are strongly advised to ensure that your application and this certificate of 'acquired rights' arrive around the same time.

You may be required by the Society to provide additional documentation to demonstrate your compliance with the Directives. For example, in order to comply with the requirements introduced by Directive 2001/19/EC pharmacists who started their qualification in Italy before 1 November 1993 and completed this before 1 November 2003 are required to provide evidence that their qualification does indeed comply with the Minimum Training Requirements of Article 44 of Directive 2005/36/EC.

Your route to registration will depend on how the Competent Authority describes your qualifications and/or experience in relation to the Directive.

The 2 possible routes are described as follows:

### Route A

You would be eligible to apply for registration via this route if you either

- Hold a qualification in pharmacy from a Member State of the EEA which is listed in Annex V, section 5.6.2 of Directive 2005/36/EC (or if not listed is regarded as comparable to the qualification listed in the Annex) and which complies with all the Minimum Training Requirements described in Article 44 of Directive 2005/36/EC

or

- have a qualification in pharmacy from a Member State of the EEA which was started before the reference date specified in the Annex for that Member State and have worked in a Member State in an activity referred to in Article 45 of Directive 2005/36/EC (which is also an activity regulated by that Member State) for at least 3 consecutive years during the five years preceding the award of the certificate. These are the 'acquired rights' provisions of Article 23 of Directive 2005/36/EC.

Once you have supplied all the required evidence and your eligibility to apply for registration through route A is determined, you will be provided with an 'application for registration as a pharmacist' form, which will be sent to you via the address you have provided.

## **Application for Recognition as an EEA Pharmacist**

You would need to complete the application form using the guidance notes and return it to the Society with the registration fee (the fee for 2009 is £198). Please note that you may not pay this fee by cheque. A payment method will be provided to you along with the application form.

Once the application form and the fee are received, your application will receive a final check. Should everything be in order, your file will be passed to Registration and your name will be put on the Register. You will then receive confirmation of your registration by letter. This may take some time although your name will appear on the Society's live Register on the website ([www.rpsgb.org](http://www.rpsgb.org)) as soon as you are registered. Please note that you must not work as a pharmacist or present yourself to be a pharmacist in Great Britain until your name appears on the Society's Register.

### **Route B**

You would be required to apply through this route if

- your pharmacy qualification from a Member State was started before the reference date in the Directive for that Member State and you have not worked for 3 consecutive years in the last 5 years as a pharmacist
- your pharmacy qualification from a Member State was started after the reference date but the Competent Authority has confirmed that your qualification does not comply with the minimum training requirements of Article 44 of Directive 2005/36/EC
- your pharmacy qualification was obtained outside the EEA or Switzerland but it has been recognised by a Member State and you have been permitted to practise as a pharmacist in that State.

Once you have supplied all the required evidence and your eligibility to apply for registration through route B is determined, you will be provided with an 'application for registration as a pharmacist through the non-compliant EEA route' form, which will be sent to you via the address you have provided.

You would then need to complete the application form using the guidance notes and return it to the Society with the relevant application fee (the fee for 2009 is £350). You would also need to provide all the documents specified in the guidance notes that accompany the form.

This procedure enables the Society to make a comparative assessment of your pharmacy qualifications and work experience as a pharmacist against the national requirements for registration, ie the UK MPharm degree, 12 months preregistration training and the Society's Registration Examination.

Should any substantial gaps between your qualifications and experience and the national requirements for registration be identified, you may be required to complete a period of additional education, training or experience before passing to Registration. Each application is assessed on a case-by-case basis.

ROYAL PHARMACEUTICAL SOCIETY OF GREAT BRITAIN  
QUESTIONNAIRE

<b>First names:</b>				
<b>Family names:</b> (please indicate Mr/Mrs/Miss/Ms)				
<b>Address:</b>				
<b>Telephone Number:</b>			<b>Mobile Number:</b>	
<b>Email address:</b>				
<b>University from which degree was obtained:</b>				
<b>Title of degree:</b>				
<b>Date degree started:</b>			<b>Date finished:</b>	
<b>Have you registered with a Professional Authority:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>				
Please arrange for the Professional Authority to provide you with a certificate confirming your registration, if relevant, and good standing and current professional status with that authority. (This includes any other health profession authority that you may be registered with either in the UK or elsewhere)				
<b>Details of any full-time experience since you first acquired the right to practise as a pharmacist in your member state.</b>				
Date started	Date finished	Name & Address of premises	Community / hospital / industry (please state)	No. of hours per week worked
<b>Nationality</b>				
<b>Have you previously applied for registration with the Society?</b> (Tick appropriate box) YES <input type="checkbox"/> NO <input type="checkbox"/>				
If YES, State date of application: _____ / _____ / _____ <div style="text-align: center;"><b>Day                      Month                      Year</b></div>				

I declare that the information provided is, to the best of my knowledge, correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**If you wish to provide any additional information, please do so overleaf.**





## HEALTH DECLARATION CONFIDENTIAL

### Declaration by a Medical Practitioner

This declaration should be completed by either: (i) the applicant's usual medical practitioner, or (ii) a medical practitioner who has carried out a full medical examination of the applicant. This must be submitted within 3 months of being signed by you and your doctor.

**Applicant**

**First**

**Names:** \_\_\_\_\_

**Applicant**

**Family**

**Names:** \_\_\_\_\_

*(Please insert the applicant's full name. This **must** be identical to the applicant's name on their birth / marriage certificate).*

To the Registrar

The above named:

has been a patient of mine for \_\_\_\_\_ years \_\_\_\_\_ months.

Or

has been examined by me on \_\_\_\_\_ (date)

Delete (i) or (ii) as applicable

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

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Registration Number \_\_\_\_\_ Official Surgery Stamp \_\_\_\_\_

### Declaration by the applicant

I know of no reason, on 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 charge of a community or hospital pharmacy.

Signed \_\_\_\_\_

Date \_\_\_\_\_

## Statutory declaration

Appendix 3

Refer also to instructions for completion overleaf

You must complete whichever declaration(s) on this side of the form is/are applicable for your situation.

You must complete BOTH boxes on the other side of this form

### **DECLARATION A - Inability to provide a birth certificate**

I *(Insert full name – this name must be identical to that on your Application for Registration)*

First names \_\_\_\_\_

Family Names \_\_\_\_\_

of \_\_\_\_\_

*(insert home address)*

do solemnly and sincerely declare to the best of my knowledge and belief, that I was born on

/ / in

*(insert date of birth) Day Month Year (insert place of birth)*

Town Country

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

### **DECLARATION B – Using a name other than that on birth certificate**

I *(Insert full name as written on birth certificate)*

First names \_\_\_\_\_

Family names \_\_\_\_\_

of \_\_\_\_\_

*(insert home address)*

do solemnly and sincerely declare that since

*(insert date) / Day / Month Year*

I have used and in the future will be known by the name of

*(insert full name you are now using – this name must be identical to that on your Application for Registration)*

### **DECLARATION C – If name on any document differs from name on Application for Registration**

I *(insert full name as written on birth certificate)*

First names \_\_\_\_\_

Family names \_\_\_\_\_

of \_\_\_\_\_

*(insert home address)*

declare that all documents submitted with my Application for Registration relate to me and that all versions of my name relate to one and the same person.

**THIS BOX TO BE COMPLETED BY THE APPLICANT**

I (insert full name you are now using. This name must be identical to that on your Application for Registration)

First names \_\_\_\_\_

Family names \_\_\_\_\_

make the declaration(s) overleaf conscientiously believing the same to be true and by virtue of the provisions of the Statutory Declaration Act, 1835.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**DECLARATION BY SOLICITOR (to be completed by the solicitor)**

Declared at (insert full name and address of solicitor's premises):

This \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_ \_\_

before me.

I confirm that I am authorised to administer this oath

Signed: \_\_\_\_\_

(insert here solicitor's stamp here)

Instructions for completing the appropriate declaration(s)

The appropriate declaration(s) on this form must be completed by the applicant in the presence of a solicitor, who should then complete the 'Declaration by solicitor' (above)

**DECLARATION A** – Inability to provide a birth certificate OR birth certificate not written in English

This declaration must be completed if you are unable to provide the RPSGB with a copy of your birth certificate or if your birth certificate is not written in English. It must state your full legal name and date and place of birth.

**DECLARATION B** – Using a name other than that on birth certificate

This declaration must be completed when you have changed your name to a different one from that on your birth certificate or the order in which your names appear on your birth certificate is different from that on your Application for Registration. Please note that the RPSGB Byelaws require you to be registered in your full name so for registration purposes you cannot drop a name which is present on your birth certificate **UNLESS** you complete this declaration.

**DECLARATION C** – If name on any document differs from Application for Registration

All the names on your documents must be identical to the names on your Application for Registration and birth certificate. If they are not identical, you must complete this declaration.

### Passport Photograph

You must provide 1 recent passport photograph that has been signed on the back by an appropriate official.

#### Requirements for the Appropriate official.

The countersignatory (person who signs the photograph) must be a professional person, or a person of standing in the community. Examples include a pharmacist, your university lecturer, a UK registered solicitor or the legal equivalent in your Member State or a licensed Medical Practitioner. The person providing the countersignature must not be related to you by birth or marriage. Neither should they be in a personal relationship with you nor live at your address.

The countersignatory must:

- Have known you for at least 2 years
- Certify, sign and date the back of the photograph with the handwritten words. 'I certify that this is a true likeness of (give the applicant's full name and title)'.
- Complete and sign the section overleaf, 'Section to be completed by countersignatory'.

If you have any questions about who is an appropriate official you may contact the Overseas Department at [overseas@rpsgb.org](mailto:overseas@rpsgb.org). If the doctor who has signed your health declaration or the official who has certified your documents as true copies complies with the requirements above then they can sign the photograph.

#### Requirements for the photograph

The photograph must be:

- Recent (taken within the last month)
- In colour
- Taken against an off-white, cream or light grey plain background so that your features are clearly distinguishable against the background
- Printed on low-gloss, plain-white photo-quality paper
- Undamaged, for example, by creases from paperclips
- Of you on your own
- In sharp focus and clear
- Have a strong definition between the face and background

The photograph must also show:

- No shadows
- You facing forwards, looking straight towards the camera
- A neutral expression, with your mouth closed (no obvious grinning, frowning or raised eyebrows)
- Your eyes open and clearly visible (with no sunglasses or heavily tinted glasses and no hair across your eyes)

- No reflection or glare on your glasses, and the frames should not cover your eyes
- Your full head, without any head covering, unless it is worn for religious beliefs or medical reasons
- Nothing covering your face. Please ensure that nothing covers the outline of your eyes, nose or mouth.

**Section to be completed by countersignatory**

This section must be completed by the person who signs the back of the photograph.

<b>First names:</b>	
<b>Family names:</b> (please indicate Mr/Mrs/Miss/Ms)	
<b>Address:</b>	
<b>Telephone Number:</b>	<b>Occupation</b>
<b>Email address:</b>	

By countersigning this application, you agree that the Society may contact you to verify the information that you have provided.

**I declare that I have signed the photograph enclosed and that I have known \_\_\_\_\_ (include full name of applicant) for \_\_\_\_\_ years and that the information I have provided is correct.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_