

Third Country Qualification Recognition Application Form (TCQR 1)

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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](#) on our website for details of our use of your information and your rights in relation to this.

How to complete this form:

It is mandatory for all applicants to complete sections 1, 2, 3 and 8. Sections 4 – 7 should be completed as applicable.

Please complete the form in ink using block letters. Please note that incomplete and/or incorrectly completed forms may be considered invalid which may cause delays in progressing your application.

Section 1: Personal Information

Title:	
Name (<i>as on birth certificate/marriage certificate or passport, where appropriate</i>)	
Date of birth	
Gender (please tick as applicable)	Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
Citizenship	
Address	
Email	
Mobile number	

Is this your first application to the PSI, to have your qualification recognised? Yes ☐ No ☐

If answered no to above, please indicate date of previous application: _____

Naric Ireland Comparability Statement

I have obtained a Statement(s) of Comparability indicating the Level of my qualification(s) as a pharmacist on the National Framework of Qualifications (NFQ), and that this qualification(s) is a degree in pharmacy.

Yes ☐ No ☐

Section 2: Details of Qualification(s) as a Pharmacist

This relates to your primary qualification(s) as a pharmacist. Some applicants may have completed more than one qualification as a pharmacist. Please complete the table(s) below as appropriate. Copies of formal transcript(s), syllabi and certificate(s) are required for application assessment and must be provided directly from the awarding institution – please request that the relevant institution(s) provide these directly to PSI and request they are marked with your name.

Title of Pharmacist Qualification held:	
Name of third level institute where qualification obtained:	
Date course commenced:	
Date course completed/qualification awarded	
Duration of course	
Level of qualification on NARIC Comparability Statement	

Title of Pharmacist Qualification held:	
Name of third level institute where qualification obtained:	
Date course commenced:	
Date course completed/qualification awarded	
Duration of course	
Level of qualification on NARIC Comparability Statement	

Section 3: Details of Practical Internship Training

This relates to all practical in-service internship training placements undertaken as part of the pharmacist qualification and prior to entitlement to register and practice in an unsupervised independent capacity as a pharmacist. Please do not include post qualification work experience /on the job training

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 4: Post-Graduate Qualifications and Recognitions

Please provide information on any accredited post-graduate educational programmes or courses which have resulted in formal certification or award (e.g.: Certificate, Masters, or any other relevant qualifications). Please do not include details of your qualification as a pharmacist which have already been provided in Section 3

Copies of formal transcript(s), syllabi and certificate(s) are required for application assessment and must be provided directly from the awarding institution – please request that the relevant institution(s) provide these directly to PSI and request they are marked with your name.

Course Title	Title of Award	Course duration	Course content	Awarding body (incl. Name & Address)

Section 5: Continuing Professional Development /Continuing Education

A. In this section, provide details of post qualification Continuing Professional Development (CPD) or Continuing Education (CE). Please detail specific references, for instance, to course(s), conference(s), study day(s), project work in clinical settings or research article(s) (references are sufficient; applicant does not need to submit the article).

Please enclose copies of formal transcript(s) or certificate(s) from awarding body (if applicable).

Title of course/conference/seminar Module etc.	Date(s) attended	Certificate of attendance / credit awarded (if applicable) or transcripts

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B. In this section please provide details of other forms of Continuing Professional Development or Continuing Education. This may include work produced by you, such as Patient Information Leaflets / Brochures, work samples, and notes from a clinic you conducted.

You could include here (if applicable) recent performance appraisals, letters from supervisors or colleagues, feedback from patients, articles written about you or your work.
Please attach copies of formal relevant documentation (if applicable).

Documentation of CPD (Paper, PIL)	Title or Submission	Appendix (number accordingly)

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Section 6: Post qualification professional experience

Please provide a full description of ALL employment details, listing the most recent employment first and any associated vocational training obtained post-qualification.

Date started:	Date finished:	Name & Address of Establishment:	Area of practice: (community/ hospital/industry/ academic/other):	Title/Position held:	Job description:

Section 7: All Countries/Jurisdictions where you are or have applied to have your qualification as a pharmacist recognized

This relates to all countries including the home country where you obtained your qualification as a pharmacist

Countries/Jurisdiction where application for recognition / registration was made:	Name & Address of relevant Authority:	Outcome:	Are you currently entitled / registered to practice:		If no, give the date entitlement was discontinued & the reason for its discontinuation:
			<u>Yes</u>	<u>No</u>	

Section 8: Quality and Accreditation Systems in Home State

This section relates to the quality and accreditation systems in place in the country where you were first recognised as holding a qualification as a pharmacist. Please complete as much information as possible.

Country	
Name of Pharmacy Competent Authority/Regulatory Body	
Is the body/authority established by legislation?	
Contact email address of the competent authority	
Website address of the competent authority	

Is the primary pharmacy programme of education in your country developed against a set of formal standards (e.g., accreditation standards)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answered Yes to the previous question, are the standards set/approved by a relevant organisation/body (e.g., regulatory body, ministry for health, higher education authority, professional body etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answered Yes to the previous question, please provide the name and link to website of the awarding body	
Is there a Professional Registration Exam (PRE) (or equivalent) that pharmacists must pass prior to being entitled to legally register/obtain a license to practise?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is pharmacy a regulated profession in your country?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answered Yes to the previous question, please provide the name and website of the relevant regulatory body/organisation	
Are pharmacists required to be registered with a competent authority to be eligible to practice as a pharmacist in your country?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answered Yes to the previous question, please provide the name and link to website of the body who holds and maintains the Register of Pharmacists	
Is Continuing Professional Development mandatory for pharmacists?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answered Yes to the previous question, what are the requirements for CPD?	
If you answered Yes to the previous question, who monitors compliance with CPD requirements? Please also provide link to website of the monitoring body.	
Is there a system in place for quality assurance of the profession (e.g., to assure the quality of CPD being undertaken, or evaluate practitioners' practice against agreed standards.)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Is there a Code of Conduct for Pharmacists (or equivalent) in place in your country? (i.e., a public declaration of the principles and ethical standards which govern pharmacists in the practice of their profession, and which the public, patients, other healthcare professionals and society require and expect from pharmacists)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answered Yes to the above, please confirm if the Code of Conduct is a statutory provision? Please provide link to Code of Conduct.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are pharmacists provided with best practice guidance to support their delivery of pharmacy services, e.g. pharmacy practice guidance or set of standards?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answered Yes to the previous question, who publishes and maintains this guidance? Please provide link to website and guidance.	
Is there a system for Fitness to Practise for pharmacists (or equivalent)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a formal process in place for managing concerns about the behaviour, conduct, practice or health of a pharmacist? If yes, please provide link to this process.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a Core Competency Framework (or equivalent) for pharmacists? (i.e., a blueprint that combines competencies and behaviours expected of a pharmacist in their role.) If yes, please provide link	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the environment, e.g. community/hospital pharmacy, in which pharmacists practice in your jurisdiction subject to statutory regulation; if so, please provide details of this regulatory framework in textbox provided below	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please outline in textbox provided below how your application meets the criteria of four years academic training in total and, where you have six months patient facing training or experience.	
Please input any additional relevant information or comments below that have not been captured up to this point that relate to the quality assurance of the profession and practice of pharmacy in your country (if applicable):	

Section 9: Declarations

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

1.	I have read and understood the TCQR Information Guide	
2.	I understand that I must provide a Statement of Comparability from Naric Ireland in respect of all qualifications I hold as a pharmacist	
3.	I understand that it is my responsibility to request any third-party documentation as set out in the Information Guide to be issued directly to PSI, and I understand that PSI will not accept third party documents if submitted by myself or anyone other than the relevant issuing authority	
4.	I confirm my permission to grant PSI to communicate, if necessary, directly with the relevant regulatory/competent authorities or any appropriate third parties for clarification or verification purposes	
5.	I understand that my application submission may not be deemed complete or valid until all mandatory documentation has been received as required.	
6.	I understand that it is my responsibility to request third party documents in respect of my qualifications and professional status as a pharmacist in another country/jurisdiction, to be issued directly from the relevant institution/authority/body to PSI	
7.	I understand that it is my responsibility to request my relevant competent authority in the country where I obtained my qualification as a pharmacist, to complete the Regulatory Data Form (TCQR4) and for it to be issued by the authority directly to PSI, to fulfill the Quality Component for the Holistic Assessment. I also understand that without PSI receiving this information, the Quality Component will not be able to be assessed.	
8.	I understand that the required application fee must be paid as prescribed by PSI at time of submission of application, and without receipt of the application fee, my application will not be progressed	
9.	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 €3000 or imprisonment for a term not exceeding 6 months or both.	
10.	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.	

Signed: _____

(signature of applicant)

Date: _____

Section 10: Application Document Checklist

Tick

Documentation to be submitted by the Applicant		
1.	TCQR Application Form (TCQR1)	
2.	Certificate of Identity Form (TCQR2)	
3.	Statutory Declaration Form (TCQR3)	
4.	Naric Ireland Statement(s) of Comparability	
5.	Copy of birth certificate	
6.	Copy of marriage certificate	
7.	Copy of qualification in pharmacy (degree certificate/parchment)	
8.	Copy of ALL pages of valid passport	
9.	Curriculum Vitae	
10.	Section 5 & Section 6 supporting documents regarding CPD/CE*	
11.	Completed Application Fee Payment Form confirming payment of fee by bank transfer	

**Please note non-mandatory supporting documentation (Section 5 CPD/CE and Section 6 post qualification work experience) will be assessed as part of the holistic assessment. Where you have provided information on the TCQR1 application form in sections 5 & 6 but do not submit supporting documentation and evidence with your application, PSI will assume that you are not providing any material. Your application may progress to stage 2 (holistic assessment) without supporting evidence, but please note that this may have an impact on the outcome of the holistic assessment. The recommendation is determined solely on the material and evidence presented. Furthermore, the intent to provide additional material subsequent to the outcome of stage 2 assessment will not be deemed grounds for an appeal.*

Supporting documentation to be provided by third parties directly to PSI		
Section 2 documents – relating to primary undergrad pharmacy qualification	Copies of formal transcript(s), syllabi and certificate(s) in respect of your primary undergrad qualification as a pharmacist to be provided directly from the awarding institution – please request that the relevant institution(s) provide these directly to PSI and request they are marked with your name.	
Section 3 documents	Certification of practical internship training placements undertaken as part of your primary undergrad qualification training to be provided directly from your university or relevant body that has oversight - please request that the relevant institution(s) provide these directly to PSI and request they are marked with your name.	
Section 4 documents – relating to post graduate qualifications	Copies of formal transcript(s), syllabi and certificate(s) are required for assessment and must be provided directly from the awarding institution – please request that the relevant institution(s) provide these directly to PSI and request they are marked with your name.	
Section 7 documents	Certificates of professional status/good standing in respect of all countries/jurisdictions you have listed in this section to be provided directly to PSI from the relevant competent authorities - please request that the relevant institution(s) provide these directly to PSI and request they are marked with your name.	
	Regulatory Data Form (TCQR4) issued to my relevant competent body for completion to be issued directly from the authority/body to PSI	