PSI
The Pharmacy Regulator
An Rialtóir Cógaisíochta

Third Country Qualification Recognition Application Form – GB & NI (TCQR 1a)

This application form is for Great Britain and Northern Ireland applicants who began their qualification <u>after</u> December 31, 2020

Version 1.1
July 2026

Contents

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 (*as on birth certificate/marriage certificate or passport, where appropriate)*	
Date of birth	
Gender (please tick as applicable)	Male ¨ Female ¨ Nonbinary ¨ Other ¨ Prefer not to say ¨
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: _____

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

This section relates to your primary qualification(s) as a pharmacist.

Copies of formal transcript(s), syllabi and certificate(s) are required for assessment of your qualification and must be provided directly from the awarding institution. If your university is included in the table set out below, we are already in receipt of your syllabus and there only require that you request your certificate and transcript to be provided to the PSI. If your university is not listed below, you must also request a copy of the syllabus of the course you completed.

Please request that the relevant institution(s) provide these directly to PSI (via registration@psi.ie) and request they are marked with your name.

De Montfort University	**Keele University**
King's College London	**Kingston University**
Liverpool John Moores University	**Medway School of Pharmacy**
Queen's University Belfast	**Robert Gordon University**
Ulster University	**University College London**
University of Birmingham	**University of Bradford**
University of East Anglia	**University of Kent**
University of Manchester	**University of Portsmouth**
University of Reading	**University of Strathclyde**
University of Sunderland	**University of Wolverhampton**

Title of Pharmacist Qualification held:	
Name of third level institute where qualification obtained: *Please see note above	
Does your qualification come from one of the universities listed in the table above? (If no, please request that the syllabus is submitted directly to the PSI to registration@psi.ie, marked with your name).	
Date course commenced:	
Date course completed/qualification awarded	
Duration of course	

Section 3: Details of Practical Internship Training

This relates to all practical in-service internship training placements undertaken **during your Foundation Training Year** 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.

Please insert **Not Applicable** if practical internship training was not a requirement as part of your pharmacy degree

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 additional 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 the qualification as a pharmacist (including your Foundation Training Year) which you have already provided in Section 2 and 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; you do not need to submit the article).

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

You may submit the relevant CPD supporting documentation as one PDF file

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

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)

Section 6: Post qualification professional experience

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

You may submit the relevant post qualification profession experience supporting documentation as one PDF file

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

Section 7: Countries/jurisdictions where your qualification as a pharmacist has been recognised

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:
			Yes	**No**	

Section 8: Declarations

Please insert **Yes/No** in the appropriate box opposite each statement and sign below:

1.	I have read and understood the TCQR Information Guide – GB & NI applicants (found here)	
2.	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	
3.	I confirm I grant PSI permission to communicate, if necessary, directly with the relevant regulatory/competent authorities or any appropriate third parties for clarification or verification purposes	
4.	I understand that my application submission may not be deemed complete or valid until all mandatory documentation has been received as required.	
5.	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	
6.	**I** understand that the required application fee must be paid as prescribed by PSI and without receipt of the application fee, my application will not be progressed	
7.	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.	
8.	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)

Section 9: Application Document Checklist

No.	Item	Yes/No
1.	TCQR Application Form (TCQR1)	
2.	Statutory Declaration Form (TCQR2)	
3.	Certificate of Identity Form (TCQR3)	
5.	Copy of birth certificate	
6.	Copy of marriage certificate (if applicable)	
7.	Copy of qualification in pharmacy (degree certificate/parchment)	
8.	Copy of valid passport	
9.	Curriculum Vitae	
10	Section 5 supporting documents regarding CPD/CE	
11.	Payment of TCQR Stage 1 (€500) and Stage 2 Fees (€1,000) (see PSI Registration Fees). Please note that you will receive a payment link from registration@psi.ie once we receive your application.	

Supporting documentation to be provided by third parties directly to PSI		Yes/No/N/A
Section 2 documents – relating to primary undergrad pharmacy qualification	Copies of formal transcript(s) and degree certificate(s) in respect of your primary undergrad qualification as a pharmacist must be provided directly from the awarding institution. Syllabi must also be provided directly from the awarding institution unless your university is included in the table in Section 2, in which case PSI is already in receipt of the syllabus and you must only arrange for your certificate and transcript to be sent directly to PSI.	
Section 3 documents	Certification of practical internship training placements undertaken as part of your primary undergrad qualification training	
Section 4 documents – relating to post graduate qualifications	Copies of formal transcript(s), syllabi and certificate(s) for any post graduate qualifications 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.	
Section 7 documents	Certificates of professional status/good standing in respect of all countries/jurisdictions you have listed in this section have been requested from the competent authority in that country.	