This form should be considered in conjunction with PSI's *ePortfolio Review Exemption Policy*

PSI ePortfolio Review Exemption Application – Supporting Documentation Form

IMPORTANT NOTE: All applicants must submit Page 1 in addition to Page 2 and/or Page 3.
Please be advised, incomplete forms will not be considered.

Declaration by Applicant

I, the undersigned pharmacist, wish to apply for an exemption to the compulsory annual ePortfolio Review process due the following extenuating circumstance:

(Please only select the most relevant reason for exemption)

☐ A serious illness preventing me from being able to work for a significant portion of the calendar year and/or at the time of ePortfolio submission.

☐ An acute personal/emotional circumstance that has impacted me for a significant portion of the calendar year and/or at the time of ePortfolio submission.

☐ A serious illness of a close family member (e.g. spouse, parent, child) that has directly impacted me for a significant portion of the calendar year and/or at the time of ePortfolio submission.

☐ Parental, pregnancy-related, or family leave (select if any of the following apply):

- I will be on maternity, surrogacy, or adoptive leave during the ePortfolio submission window
- I am/was on unexpected pregnancy-related leave during the ePortfolio submission window
- I am taking my parental leave and/or parent's leave **in one continuous period** and will be on this leave during the ePortfolio submission window
- I have worked (or will work) **less than 26weeks** this year due to any combination of *'leave for parents'* as defined under Irish law and outlined in *PSI's ePortfolio Review Exemption Policy* and/or certified medical/sick leave relating to the pregnancy

Full Name of Applicant (as it appears on the PSI Register):

Pharmacist Registration Number:

This support form relates to my Exemption Application for ePortfolio Review cycle: | | | | | | | | | |

(e.g. 2025/2026, 2026/2027, etc.)

Signed: _____ Date: _____

(Signature of Applicant)

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This form should be considered in conjunction with PSI's *ePortfolio Review Exemption Policy*

IMPORTANT NOTE: This page **must** be completed as support for an exemption due to any health or personal circumstance and can also be completed to support any combination of *'leave for parents'* as defined under Irish law and outlined in *PSI's ePortfolio Review Exemption Policy* and/or certified medical/sick leave relating to the pregnancy

Medical Practitioner Certification

FAO: The Head of Education & Registration, Pharmaceutical Society of Ireland

I, the undersigned registered medical practitioner, herby certify that:

- I am not a relative of the applicant
- I confirm that the reason provided by the pharmacist for their application for exemption from the ePortfolio Review process, as shown to me and indicated on **Page 1**, is true and accurate to the best of my knowledge

Signed: _____ Date: _____

(Signature of Medical Practitioner)

Print Name:

Registration Number:

Practice Address: _____

_____

_____

Contact Information: _____

Official Surgery Stamp (if available)

This *Medical Practitioner Certification* is valid for **three months only**. If this form expires before your exemption application is submitted, you may be asked to provide an up-to-date copy. This document can be signed and stamped by any registered medical practitioner. It does not have to be completed in Ireland.

This form should be considered in conjunction with PSI's *ePortfolio Review Exemption Policy*

IMPORTANT NOTE: This page can be completed to support any combination of *'leave for parents'* as defined under Irish law and outlined in *PSI's ePortfolio Review Exemption Policy* and can also be combined with **Page 2** to support an exemption due to any health or personal circumstances (including certified medical/sick leave relating to pregnancy)

Employer Confirmation

FAO: The Head of Education & Registration, Pharmaceutical Society of Ireland

I, the undersigned, hereby certify that:

- The applicant is a current employee
- I confirm that the reason provided by the pharmacist for their application for exemption from the ePortfolio Review process, as shown to me and indicated on **Page 1**, is true and accurate to the best of my knowledge

Start Date of Employment: | | | | | | | | |

Start Date of Leave: *(if applicable)* | | | | | | | | |

Return Date from Leave: *(if applicable)* | | | | | | | | |

Signed: _____ Date: _____

(Employer Signature)

Official Company Stamp (if available)

Print Name: _____

Position/Role: _____

Business/Company Name: _____

Employer Address: _____

_____

_____

Contact Information: _____

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