Royal Pharmaceutical Society of Great Britain

2010 Annotation as a Supplementary Prescriber

Section 1 Documents to be submitted with application

1.1 A copy of your practice certificate in prescribing **or** a copy of your individual pass letter from the University.

1.2 Payment of the application fee - £52 *(Please see payment form).*

NB Your application will be processed **within 5 working days** of receipt of both a complete application **AND** the University pass list (submitted independently by the University).

Section 2 Personal details

2.1 Registration no

2.2 Title Mr Mrs Ms Miss Other (please state)

2.3 Surname(s)

2.4 Forename(s)

2.5 Date of birth / /

2.6 Home Address

Postcode

2.7 Home phone Work phone

Mobile

2.8 Email address

Section 3 Course Details

3.1 Details of clinical or specialities in which you will have prescribing responsibility.

3.2 Name of University with which award was gained.

3.3 Date of award of the Practise Certificate: *(This can usually be found on the certificate or pass letter)*

/ / **If this is more than 6 months ago, please answer section 3.4**

3.4 If it has been more than **six months** since you gained your award, the Society requires that along with your application, you submit a letter demonstrating you have a relationship with another prescribing pharmacist, to whom you could refer in cases of doubt or for professional reassurance. While a prescribing pharmacist would understand your needs most effectively, another prescriber would also be acceptable. Please submit a letter from the prescriber, accepting that he or she would be willing to act as your mentor for one month.

Have you included the above required 'mentor letter' *(If applicable)* Yes No

Section 4 Declaration

4.1 I declare I am the above named and am qualified to practise as a supplementary prescriber. I hereby request the Registrar to arrange for my entry in the register of pharmacists to be annotated as a supplementary prescriber. **I understand I may not prescribe until notified by the Society**.

Signature: **Date:** / / 2010

Please return to: **Registration Division, 1 Lambeth High Street, London, SE1 7JN**
Any questions: phone: 0207 572 2322 fax: 0207 572 2510 email: registration@rpsgb.org

Royal Pharmaceutical Society of Great Britain

2010 Registration Payment Form

Prescriber

Please note, the Society no longer accepts payment by cheque

Pharmacist Details

Registration Number ☐☐☐☐☐☐☐

Fee Details

Please charge the below card the following:

Please select one option

Supplementary Prescriber	£52 ☐
Independent Prescriber	£52 ☐

Payment Details

Type of card MasterCard ☐ Visa ☐ Visa Delta ☐

Visa Purchasing ☐ Maestro ☐ Solo ☐

Card number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Issue Date ☐☐ / ☐☐ **Expiry Date** ☐☐ / ☐☐ **Issue number** ☐☐

Issue number for Maestro or Solo cards only. If your card does not have an issue number, please enter N/A in the box

Name of Cardholder ☐

The name exactly as it appears on the debit or credit card

Signature

Signature: ☐ **Date:** ☐☐ / ☐☐ / 2010

To be signed by the cardholder

Contact details for use if there is a problem with the payment details given:

Phone: ☐☐☐☐☐☐☐☐☐☐☐ Mobile: ☐☐☐☐☐☐☐☐☐☐☐

Email: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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