

Certificate of Identity

This Certificate must be completed by a person who is a qualified Health Care or Legal Professional. Such person must also sign the back of the four passport sized photographs which accompany it.

I, _____ of _____

have known _____

(here insert the name and address of the Applicant)

for _____ years.

I confirm that:

1. I am by occupation or profession a _____
2. I have examined 4 current passport sized photographs of the above named applicant and I have signed my name and written the date upon which I did so, on the reverse side of each of these photographs.

3. I confirm that the person appearing in these photographs is one and the same as the above named applicant.
4. I am providing this confirmation for the benefit of the Pharmaceutical Society of Ireland in connection with an application by the above named applicant to have his/her qualification as a pharmacist recognised as a qualification appropriate for practice in Ireland.

Signature: _____

Date: _____

Please affix official stamp or seal if applicable in the box provided:



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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 (bit.ly/PSIDataProtection) on our website for details of our use of your information and your rights in relation to this.

