



Application for Assessment of Professional Qualifications in Pharmacy

Attach two recent
passport
photographs here

PLEASE READ THE ACCOMPANYING EXPLANATORY NOTES BEFORE COMPLETING THIS FORM. MAKE SURE YOU PROVIDE ALL DOCUMENTS REQUIRED AND SIGN THE DECLARATIONS ON PAGE 5 AND 6.
If you require more space to answer questions, attached a signed and date sheet giving the necessary details.
THIS IS NOT AN APPLICATION TO SIT AN EXAMINATION

Your personal details

1 Title Mr Ms

2 First name

3 Middle names

4 Last name

Any other names you have used (e.g. before marriage)

5 First name

6 Middle names

7 Last name

8 Sex Male Female Date of Birth / /

9 Country of birth

10 Country of permanent residence

11 Address for correspondence

12 Agents name and address (Only put information in these fields if you are using an agent) *
An Agents Authorisation Form must accompany this application when an agent is used. This form may be found on the APC website

13 Work phone number Fax

14 Home phone number

15 Email address
This is essential if you are intending to sit an examination overseas

16 Please indicate whether you wish to be considered for Stream A or Stream B
A B

Your early school education

	Primary			Secondary		
17 In which years did you start and finish primary and secondary school	Start	/	/	Start	/	/
	Finish	/	/	Finish	/	/

18 Name of secondary graduation qualification

19 Name of secondary school and country

Your professional education

Give details of ALL postsecondary or higher education courses which you have completed. If you have more than two (2) qualifications attach a separate sheet giving additional details.

20 What is the name of your pharmacy qualification in the English language

21 What is the name of your pharmacy qualification in your own language

22 Name and address of Institution you attended

23 What was the normal entry requirement for the course (or name of examination)?

24 Normal length of Full Time course semesters	Number of Years	<input type="text"/>
	Number of Semesters	<input type="text"/>
	Length of Semesters	<input type="text"/>

25 What was the length of time you took to complete the course
Years Months

26 Date course commenced / / Date course completed / /

27 Was the course accelerated, i.e. was the course shortened?

28 Did you study Part or Full Time Part Time Full Time Hours per week

29 Was a period of compulsory practical or clinical experience a requirement for the course? Yes No

30 What was the length of time involved (for example years, weeks or semester hours)

ONLY COMPLETE THE FOLLOWING SECTION IF YOU HAVE MORE THAN ONE QUALIFICATION

31 What is the name of your pharmacy qualification in the English language

32 What is the name of your pharmacy qualification in your own language

33 Name and address of Institution you attended

34 What was the normal entry requirement for the course (or name of examination)?

35 Normal length of Full Time course semesters	Number of Years	<input type="text"/>
	Number of Semesters	<input type="text"/>
	Length of Semesters	<input type="text"/>

36 What was the length of time you took to complete the course Years Months

37 Date course commenced / / Date course completed / /

38 Was the course accelerated, i.e. was the course shortened?

39 Did you study Part or Full Time Part Time Full Time Hours per week

40 Was a period of compulsory practical or clinical experience a requirement for the course? Yes No

41 What was the length of time involved (for example years, weeks or semester hours)

Registration/Licensure

42 What is the name and the country of authority of original registration / licence

43	What was the date of first registration / licence	Day	<input type="text"/>	Month	<input type="text"/>	Year	<input type="text"/>
44	What is the name and country of authority of the most recent registration / licence	<input type="text"/>					
45	What is the date of the most recent registration	Day	<input type="text"/>	Month	<input type="text"/>	Year	<input type="text"/>
46	Give the names of any professional bodies of which you are a member	<input type="text"/>					

47 Professional employment as a Pharmacist

Applicant must provide a summary below of their professional employment experience. If space is insufficient attach a signed sheet. Please include details of:

- The dates of each period of employment (indicate full-time or part-time);
- The name of the employer and country location and the nature of the business;
- Your job title and description; and
- The nature of your employment, including most important tasks performed of projects completed

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

48 Payment of fees

Payment Options (please tick which method of payment you will be using)

- | | | | |
|---|--------------------------|-------------------------|--------------------------|
| Bank Draft (payable through an Australian Bank) | <input type="checkbox"/> | Australian Cheque | <input type="checkbox"/> |
| Australian Money Order | <input type="checkbox"/> | Credit Card (see below) | <input type="checkbox"/> |

If paying by credit card please complete "[Payment of Fees by Credit Card](#)" form. This form may be found on the APC website. Please note: a processing fee of AUD\$10 applies to all credit card transactions.

49 Checklist

The following documents **must** accompany this application form

- A **certified** copy of your identification document e.g. passport, identity card.
- A **certified** copy of your pharmacy qualification papers (such as degree, diploma, certificate etc).
- A **certified** official transcript of educational courses completed showing subjects, hours, and examination results and where applicable, details of practical and clinical education.
- Evidence of your professional work experience as a pharmacist from graduation to present, and two **written letters of reference** from employers or, if self-employed, two references from professional colleagues, relating to your professional competence as a pharmacist.
- Assessment fee of AUD \$500
- Copy of your application and supporting documentation

If applicable the following documents must be provided	
<ul style="list-style-type: none"> • A certified copy of evidence of original and current registration or license to practice (if your country does not have a legislative process for registration/licensure then you will need to forward a legal statement of explanation witnessed by a Notary Officer or Justice of the Peace) 	<input type="checkbox"/>
<ul style="list-style-type: none"> • A certified copy of Internship 	<input type="checkbox"/>
<ul style="list-style-type: none"> • A certified copy of evidence of resident status in Australia (if you reside in Australia) – relevant pages from your passport showing personal details, visa entry and conditions or Australian Citizenship Certificate 	<input type="checkbox"/>
<ul style="list-style-type: none"> • A certified copy of evidence of change of name (e.g. marriage certificate, deed poll) 	<input type="checkbox"/>
<ul style="list-style-type: none"> • A certified copy of translation in English of any documents originally issued in a language other than English (the translated document must accompany a certified copy of the document in the original) 	<input type="checkbox"/>
Stream B applicants only:	
<ul style="list-style-type: none"> • Please forward a certified copy of evidence of your registration during the last ten years. Please arrange to have an original Certificate of Good Standing issued from each jurisdiction in which you have been registered in the last ten years. This Certificate should be sent directly to APC from the licensing body, or be provided in a sealed envelope (the seal of the licensing body must be unbroken). 	<input type="checkbox"/>

50 Applicant's declarations

You must read and sign these declarations

1. I declare that:

- my registration or licensure as a pharmacist in any jurisdiction or in any country has never been suspended, cancelled or had conditions imposed on it;
- and that I have never been refused registration or licensure as a pharmacist in any jurisdiction or in any country.

Signature Date

If you have had your registration or licensure as a pharmacist in any jurisdiction or in any country suspended, cancelled or had conditions imposed on it or you have been refused registration or licensure as a pharmacist in any jurisdiction or in any country you will need to provide details in the space below and include your signature.

Signature Date

2. I declare that:

- I have read and understood the information supplied to me in the explanatory notes accompanying this application.
- the information I have supplied on this form and any attachments is complete, correct and up-to-date;
- I undertake to inform the Australian Pharmacy Council (APC) of any changes to my circumstances (e.g. address) while my application is being considered;

I authorise the Australian Pharmacy Council (APC) to make any enquiries necessary to assist in the assessment of my qualifications and to use any information supplied in this application for that purpose; and
 I authorise the Australian Pharmacy Council to transfer to the Pharmacy Board of Australia relevant information regarding any withholding or withdrawal of my registration/licensure which has occurred in the past

Signature Date

This signature will be used for identification purposes throughout the APC process.

51 How to lodge your application

Detach the explanatory notes and mail your original application form and copy, supporting documents and assessment fee to:

Courier Address:

Australian Pharmacy Council Ltd
Suite 3, Level 2, Ethos House
28-36 Ainslie Place
CANBERRA ACT 2601 Australia

Mailing Address:

Australian Pharmacy Council Ltd
PO Box 269
CIVIC SQUARE ACT 2608 Australia

An acknowledgement of receipt will be emailed to you on the day your application is received in the APC office. Please allow at least 6 weeks for processing. Please do not make enquiries as to the receipt of your application until after the processing time has passed.

52 Explanatory notes

The information on the application form is collected by the Australian Pharmacy Council (APC) for the purpose of assessing qualifications in pharmacy. All personal information will be handled confidentially in accordance with the Privacy Act 1988. Details may be verified with or provided to other agencies where necessary or required by law.

Important – please read these explanatory notes carefully.

Introduction

Use this application form if you would like an assessment of your pharmacy qualifications for visa purposes and/or to determine your eligibility to undertake the knowledge or competency assessments.

Completing the form

You will need to provide all the information and documents requested before your application can be finalised. Incomplete applications may be returned to you. You should answer all questions in English and initial and date any alterations to the form. Where there are name variances a formal statement of explanation witnessed by a Notary Officer or Justice of the Peace should be provided. A certified copy of a marriage certificate or deed poll in supporting documents will also suffice.

Documents you must include

To support your application, you will need to provide certified copies of all the documents listed in the Checklist Section of the application form. Please ensure the copies are of good quality and show **all** text, letterhead and signatures. Certified copies of the following documents must be submitted:

- The pharmacy degree, diploma or certificate in the original language;
- Official transcripts of educational courses completed in the original language showing subjects, hours, examination results and details of practical and clinical education;
- Evidence of employment experience as a pharmacist following graduation to the present (a CV or resume will meet this requirement);
- Two recent references relating to professional competence;
- Documented evidence of internship, where applicable;
- Evidence of **original** registration/licensure from the state or country in which training was undertaken;
- Evidence of **current** registration/licensure in the country in which you are practising. Certified copies of receipts for payment of annual registration fees will suffice;
- Evidence of changes of name, where applicable;
- Evidence of your documents of identity;
- Evidence of resident status in Australia if applicable, either:
 - copies of pages from your passport showing passport number, personal details, visa entry and any limitations; or
 - your Australian citizenship certificate.
- Evidence of good standing and registration with the pharmacy licensing body in the jurisdictions in which you have practised pharmacy for each of the last ten years. (For Stream B applicants only)

Certification

It is essential that copies of documents are certified. APC must be satisfied that documents have not been amended or altered. A copy has to be clearly authorised by an appropriate person as a true copy of the original document. To have your copies certified you will need to present both the original and the copy of each document to the person certifying the copies.

Persons who may certify documents **in Australia** include Justices of the Peace (JP), legal practitioners, admissions officers of all Australian universities and officers of State and Territory Government overseas qualifications units.

Persons who may certify documents overseas include Justices of the Peace, official Notary Officers or an authorised staff member of an Australian Embassy or Consulate.

Each copy of the document must be certified separately and must show clearly:

- the words "certified true copy of the original" in the English language;
- the signature of the certifying officer; and
- the name and address or provider/registration number (where appropriate) of the certifying officer legibly printed below the signature. It must be possible, from the details provided, for APC to contact the certifying officer if necessary. Please note APC will not accept copies of documents which have been certified by an agent or a translator.

Only certified copies of the documents should be sent. **Please do not send the originals**. You may need, however, to provide the originals of your documents to registration authorities at a later stage for registration or licensing purposes before you are able to practise or work in your profession.

Certified Translations

Certified translations in English of all documents must be provided and attached to the document to which they refer (extract translations will not be accepted). APC reserves the right to request applicants to provide translations completed by a translator, accredited by the National Accreditation Authority for Translators and Interpreters (NAATI).

Statutory Declarations

It is important that certified copies of documents be provided wherever possible. A Statutory Declaration may in certain instances be accepted in place of some of the required documents. Statutory Declaration forms may be purchased at most newsagents or Australian Post Offices. If you are overseas, a legal statement witnessed by a Notary Officer will suffice. The information on the Statutory Declaration form should duplicate that which would have been available from the documents which you are unable to submit; and should show the reason why certified copies of your original documents are unavailable. You must forward the original Statutory Declaration duly witnessed by a person listed on the back of the Statutory Declaration form together with your application form.

Agents

APC normally deals directly with applicants seeking an assessment of their pharmacy qualifications. Australia's privacy legislation prohibits APC from discussing your application with other people (third parties) unless specifically authorised to do so.

If you want someone such as a migration agent, family member or friend to deal with APC on your behalf, you will need to attach the APC agents authorisation form (available on the APC website) or a letter signed by you authorising this person (by name) to act as your agent. **Both you and your agent must sign the agent's authority**. Signatures are used for verification of identity.

Payment of fees

You will be required to pay an assessment fee of AUD \$500 which must accompany the application and copy for assessment form. Fees should be in **Australian dollars** and made payable to the Australian Pharmacy Council Ltd. Payment may be made by Australian cheque or money order, overseas bank cheque or bank draft payable on an Australian bank, or credit card (please note that a \$10 processing fee applies to all credit card transactions). You will need to pay examination fees as instructed at a later date if you are eligible for and required to sit for examinations. Fees for the eligibility assessment are non-refundable.

Assessing knowledge and competence

Assessments for overseas trained pharmacists are designed to assess your knowledge and competence. In order to be eligible to undertake these assessments, it is necessary for you to meet APC requirements. Details about eligibility requirements and the assessments are given on the APC website, which is www.pharmacycouncil.org.au

After you complete the assessments

After you have successfully completed the assessment process you will be referred to the Pharmacy Board of Australia to complete the registration process which comprises of:

Stream A

- A period of up to 1824 hours of supervised practice
- An Intern Training Program (ITP)
- A written examination
- An oral examination
- Current satisfactory English language test results (within two years of date of issue) obtained at the one sitting

Stream B

- A period of at least 152 hours of supervised practice
- An oral examination