

## Adding an annotation as an independent prescriber to your registration

Use this form to apply to have an annotation as an independent prescriber added to your registration.

We will use the information you provide to verify that you have the knowledge and skills necessary to practise as an independent prescriber. You **must** wait until your register entry is updated with your annotation before practising as an independent prescriber.

We will contact you using the details you have given us through myGPhC if we need any more information, and to let you know when we have dealt with your request. You can find out more about what information we hold, how we look after it and how we use it in our privacy policy on our main website, and on myGPhC.

*You can activate the Fill & Sign functionality by clicking on the 'pen' icon in the toolbar (this will allow you to complete the form electronically – using text, checkbox and signature options).*

### 1. Personal details

Tell us your personal details so that we can identify you.

1.1	Title	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Other	<input type="text"/>
1.2	Surname(s)	<input type="text"/>									
1.3	First name	<input type="text"/>									
1.4	Middle name(s)	<input type="text"/>									
1.5	Date of birth	<input type="text"/>									
1.6	Home address	<input type="text"/>									
1.7	Postcode	<input type="text"/>									
1.8	GPhC registration no	<input type="text"/>									

## 2. Qualification details

Tell us about your qualification so we can verify that you have the knowledge and skills necessary to practise as an independent prescriber. We will verify this information with your course provider.

### 2.1 Course details

a) Name of course provider

b) Date awarded (DD MM YY)

(this should be date of award on your prescribing certificate)

c) List the clinical specialties in which you will have prescribing responsibility

I have included a scan or photocopy of my prescribing certificate with my application

### 2.2 Has it been more than six months since the date your prescribing certificate was awarded?

Yes

No

If yes:

- give details below of a prescribing pharmacist to whom you could refer in cases of doubt or for professional reassurance (if you do not have a relationship with a prescribing pharmacist, another prescriber is acceptable)
- submit a letter from the prescriber, confirming that they would be willing to act as your mentor for one month
- make sure the person you chose is aware that we will keep their information as part of this application and may contact them to verify it

Prescriber mentor name

Registration number

Regulatory body (if not the GPhC)

I have included a letter from this prescriber, confirming that they are willing to act as a mentor

### 3. Declaration

**I declare that:**

- I am the person named in section 1 of this application, and am qualified to practise as an independent prescriber
- I request my entry in Part 1 of the register to be annotated as an independent prescriber
- I understand I may not prescribe until I am notified by the GPhC
- the information that I have provided in this form, and in my supporting documents, is complete, true and accurate
- I understand that if I am found to have given false or misleading information in connection with my application, this may be treated as misconduct, and could result in my removal from the register

Please either print this form and manually sign it below or add an electronic signature.

#### Adding your signature

To electronically sign this form click on the 'sign' icon in the Fill & Sign toolbar and select 'Add signature'. You can add your signature in two ways:

1. Click on the 'Draw' icon and use you mouse to draw your signature (much like you do when accepting a package delivery) or
2. Click on the 'Image' icon (first you will need to take a photograph of your signature and save it to your PC) and then select the image you have saved of your signature.

**NB – we will not accept a typed signature.**

X \_\_\_\_\_

Date:						
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### Once you have completed this form

You can return your form to us:

1. **By email:** send a single, scanned PDF copy of your completed form and your supporting documents to [registers@pharmacyregulation.org](mailto:registers@pharmacyregulation.org).
2. **By post:** we recommend that you post your form and supporting documents to us using a trackable service such as Royal Mail 'Signed For'. Use your tracking number to find out when your application has been delivered. Send your form and supporting documents to us at:

**Applications Team  
General Pharmaceutical Council  
25 Canada Square  
LONDON  
E14 5LQ**

**Important: We will never ask you for original documents, and you should not send these to us as we will not be able to return any documents to you.**

We will process the information you have given us and will make the changes within 28 days of receiving your form and supporting documents. If we do not have all the information we need, we will contact you- but it may take longer to make the changes. We will also contact your university to confirm that you passed the course. If your university does not reply promptly, this could delay your application.



## Payment form

Please give us your preferred payment details to pay your application and first year registration fees. We will only use this information to process your fee payment and will destroy it securely once we have taken it.

Applicant name:

Please charge this card with the sum of **£57.00**. This is the application fee.

I want to pay by:

Credit card       Debit card

Type of card:

Mastercard       Visa

Card number (insert the exact number of digits in your card)

CSV number

(this is the last three digits of the number on the back of your card)

Valid from:

Expires on:

Cardholder name:

Cardholder address:

Signed

Date