

For office use only							
Admin initials		CPD status		FtP status		Contact updated	

1. Important information

- 1.1 Payment of the fee of £81 must be submitted with this application. This fee is non-refundable. Please see payment form.
- 1.2 Please note a Certificate of Current Professional Status and fitness to practice history (CCPS) can take 28 days to process.
- 1.3 Certificates are sent directly to the authority indicated on the application. **A copy is not sent to the applicant.**
- 1.4 Please post your completed form to:

CCPS Applications

Customer Services Team

General Pharmaceutical Council

25 Canada Square, Canary Wharf

London

E14 5LQ

2. Personal details

2.1. Title

Mr Mrs Ms Miss Other (please state)

2.2. Surname(s)

2.3. Forename(s)

2.4. Registration number

2.5. Date of birth

2.6. Home address
(including postcode)

2.7. Nationality

2.8. Home telephone

2.9. Mobile number

2.10. Email address

3. Degree details

Please complete either section **A** or **part B**

Section A

If you have a UK degree provides the following details:

3.1. Title of degree

3.2. University

3.3. Year degree was awarded

Section B

If you have a non-UK degree, provide the following details:

3.4. Title of non-UK degree

3.5. University

3.6. Country

3.7. Year degree was awarded

Did you (please tick either 3.8 or 3.9)

3.8. Pass the Overseas Pharmacists' Assessment Programme (OSPAP)

Yes No

3.9. Pass the Overseas Pharmacists' (OSP) Exams as an external candidate

Yes No

3.10. OSPAP/OSP University

3.11. Year passed

4. Pre-registration training details (in Great Britain)

4.1. Training began (mm/yy)

4.2. Training completed (mm/yy)

4.3. Name of Pre-registration placement

4.4. Address of Pre-registration placement

4.5. Date passed Society's Registration Examination (mm/yy)

5. Overseas board

Your application will be delayed if any information in this section is missing.

5.1. Name and address of Overseas Board/Council to which CCPS to be sent

6. Fitness to practise matters

By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and the Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions) (Scotland) Order 2003, you are exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974. Therefore you are not entitled to withhold information about convictions which for other purposes are spent under the provisions of the Act and failure to disclose such convictions could result in disciplinary action.

6.1. Has a determination ever been made against you by a regulatory body in the United Kingdom responsible under any enactment for the regulation of a health or social care profession to the effect that your fitness to practise as a member of a profession regulated by that body is impaired, or a determination by a regulatory body elsewhere to the same effect?

Yes No

6.2. Do you currently have any problems with your physical or mental health that may impair your ability to practise safely and effectively or which otherwise impairs your ability to carry out your duties in a safe and effective manner?

Yes No

6.3. Have you previously been convicted or cautioned for a criminal offence in the British Islands or elsewhere (which, if committed in England, Scotland or Wales would constitute a criminal offence) or have you previously agreed to be bound over to keep the peace by a Magistrates' Court in England or Wales?

Yes No

Please note that Road Traffic offences in which the person committing the offence has been offered the option of paying a fixed penalty (e.g. certain speeding offences etc.) will not be treated as a conviction for the purposes of renewal in the Register and need not be declared.

6.4. Have you previously agreed to pay a penalty under section 115A of the Social Security Administration Act 1992 (penalty as alternative to prosecution)?

Yes No

6.5. Are you currently under investigation by any regulatory body (other than the GPhC) or criminal enforcement authority (e.g. police or NHS Counter Fraud Service) in the British Islands or elsewhere?

Yes No

6.6. Have you previously accepted a conditional offer under section 302 of the Criminal Procedure (Scotland) Act 1995 (fixed penalty: conditional offer by procurator fiscal) or have you previously been subject to an order under section 246(2) or (3) of the Criminal Procedure (Scotland) Act 1995 discharging you absolutely (admonition and absolute discharge)?

Yes No

6.7. Have you previously been included by the Independent Safeguarding Authority (also known as the Independent Barring Board) barred list (in England, Wales or Northern Ireland) or the children's list or adult's list maintained by the Scottish Ministers?

Yes No

If you have answered 'no' to all the above questions, please go to Section 7.

6.8. If you have answered 'yes' to any of the above questions, have you previously notified the GPhC or RPSGB of this information?

Yes No

If you have answered 'no' to question 6.8, you are required to submit a **Something to Declare Form** within 7 days of making this declaration this is available on our website www.pharmacyregulation.org

7. Declaration by applicant

I declare that:

- 7.1. The information I have provided for this application for a certificate of current professional status and fitness to practice history (CCPS) is complete true and accurate. I am also aware that I am under a duty to notify the Registrar of any changes to my name, home address or other contact details within one month starting on the day on which the change occurred.
- 7.2. I am under a duty to notify the Registrar if there is any change in the circumstances relating to the fitness to practice declaration that I have made in Section 6 within 7 days starting on the day on which the event occurred.
- 7.3. If I am found to have given false or misleading information in connection with this application for a CCPS, this may be treated as misconduct, which may result in my removal from the Register.

Signature

Date

8. Payment form

Name of applicant:

Please charge this card with the sum of:

£81.00

Please indicate whether you are paying by:

Debit card

Credit card

Type of card *(Please tick one)*

MasterCard

Visa

Card Number *(insert exact amount of digits in your card number only):*

CSC
number:

(The last 3 digits on the back of your card)

Valid From
Date:

Expiry Date:

Name of Cardholder
(as it appears on card):

Address of account
holder

Signature:

Date: