



## Application for Assessment of Professional Qualifications in Pharmacy

Attach two recent  
passport  
photographs here

PLEASE READ THE ACCOMPANYING EXPLANATORY NOTES ON PAGES 6-8 BEFORE  
COMPLETING THIS FORM. ALL PAGES OF EVERY REQUESTED DOCUMENT MUST BE  
PROVIDED AND YOU MUST SIGN THE DECLARATIONS ON PAGES 5-6.  
If you require more space to answer questions, attach a signed and dated sheet giving the necessary  
details.

**THIS IS NOT AN APPLICATION TO SIT AN ASSESSMENT / EXAMINATION**

### Your personal details

1	Title	Mr	<input type="checkbox"/>	Ms	<input type="checkbox"/>
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	<input type="checkbox"/>	Female	<input type="checkbox"/>
	Date of Birth		/		/
9	Country of birth				
10	Country of permanent residence				
11	Address for correspondence				
12	Agent's name and address (Only enter information in these fields if you are using an agent) **An Agent Authorisation Form must accompany this application when an agent is used. This form may be found on the APC website**				
13	Home phone number		Fax		

14	Work 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 <input type="checkbox"/>	B <input type="checkbox"/>

### Your early school education

		<b>Primary</b>		<b>Secondary</b>
17	What 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			
20	What language of instruction was used in your secondary schooling?			

### Your professional education

Give details of your pharmacy qualification and any other pharmacy-related qualifications you hold at an equivalent or higher level. If you have more than two (2) qualifications attach a separate sheet giving additional details.

21	What is the name of your pharmacy qualification in English?		
22	What is the name of your pharmacy qualification in your own language?		
23	Name and address of Institution you attended		
24	What language of instruction was used in your tertiary studies?		
25	What was the normal entry requirement for the course (or name of examination)?		
26	Normal length of Full Time course semesters	Number of Years	
		Number of Semesters	
		Length of Semesters	

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

28 Date course commenced  /  /  Date course completed  /  /

29 Was the course accelerated? i.e. was the course shortened?

30 Did you study Part or Full Time? Part Time  Full Time  Hours per week

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

32 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

33 What is the name of your pharmacy qualification in English?

34 What is the name of your pharmacy qualification in your own language?

35 Name and address of Institution you attended

36 What language of instruction was used in your tertiary studies?

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

38 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"/>

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

40 Date course commenced  /  /  Date course completed  /  /

41 Was the course accelerated? i.e. was the course shortened?

42 Did you study Part or Full Time? Part Time  Full Time  Hours per week

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

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

**Registration/Licensure**

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

46 What was the date of first registration / licence? Day  Month  Year

47 What is the name and country of authority of the most recent registration / licence?

48 What is the date of the most recent registration? Day  Month  Year

49 Give the names of any professional bodies of which you are a member

**50 Professional employment as a Pharmacist**

Applicants must provide a summary below of their professional employment experience in the last 10 years. 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 – if part-time please indicate whether you worked on average less than 20 hours per week);
- The name of the employer, the country you worked in and the nature of the business;
- Your job title and description; and
- The nature of your employment, including most important tasks performed or projects completed.


**51 Please tick the box, if applicable**

It is my intention to apply to the Department of Immigration and Citizenship for migration to Australia

52 Payment of fees	
<b>Payment Options</b> (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 <a href="#">Payment of Fees by Credit Card</a> form. This form may be found on the APC website. Please note: a processing fee of AUD \$10 applies to all credit card transactions.	

53 Checklist	
<u>All pages of the following requested documents must be provided</u>	
<ul style="list-style-type: none"> <li>A <b>certified</b> copy of your identification document e.g. passport, identity card. <i>(For passports – only the photo identification page is required)</i></li> <li>A <b>certified</b> copy of your pharmacy qualification papers (e.g. degree, diploma, certificate, etc).</li> <li>A complete <b>certified</b> official transcript of educational courses completed showing subjects, hours, and examination results and where applicable, details of practical and clinical education.</li> <li>Assessment fee of AUD \$600</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<ul style="list-style-type: none"> <li>An up-to-date Résumé or Curriculum Vitae (CV)</li> <li>Evidence of your professional work experience as a pharmacist from graduation to present. Evidence should be provided for each position detailed on your Résumé or CV.</li> <li>At least two <b>written letters of reference</b> from employers during the last 10 years relating to your professional competence as a pharmacist. If self-employed, references from professional colleagues should be provided. Reference letters must be signed originals or certified copies. <b>Please note:</b> written letters of reference can be provided as evidence of your professional work experience.</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<u>If applicable the following documents must be provided</u>	
<ul style="list-style-type: none"> <li>A <b>certified</b> copy of evidence of original and current registration or licence 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)</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>A <b>certified</b> copy of Internship</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>A <b>certified</b> 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 <b>or</b> Australian Citizenship Certificate</li> <li>A <b>certified</b> copy of evidence of change of name (e.g. marriage certificate, deed poll)</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>
<ul style="list-style-type: none"> <li>A <b>certified</b> 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 language)</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>A <b>certified</b> copy of evidence of secondary schooling and pharmacy tertiary studies being conducted in English (only for applicants who trained in South Africa).</li> </ul>	<input type="checkbox"/>
<b>Stream B applicants only:</b>	
<ul style="list-style-type: none"> <li>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).</li> <li>Please forward a certified copy of your current first aid certificate issued by a valid issuer in either Australia or a country or jurisdiction recognised by the APC.</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>
<b>Note:</b>	
<ul style="list-style-type: none"> <li>Candidates must retain the original copy of documents as they may be required to present those documents to other bodies such as registration authorities, employer or professional bodies.</li> <li>The APC reserves the right to request further information or documents in order to complete an assessment.</li> </ul>	

54 Applicant's declarations	
You must read and sign these declarations	
<b>1. I declare that:</b>	
<ul style="list-style-type: none"> <li>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</li> </ul>	

- 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 of any changes to my circumstances (e.g. address) while my application is being considered;

I authorise the Australian Pharmacy Council 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.**

**55 How to lodge your application**

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

**Courier Address:**

Australian Pharmacy Council Ltd  
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 3 weeks for processing. Please do not make enquiries as to the status of your application until after the processing time has passed.

**56 Explanatory notes**

**Important – please read these explanatory notes carefully.**

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. The APC reserves the right to request further information or documents in order to complete an assessment.

**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 secondary schooling conducted in the English language (for applicants who undertook their secondary schooling and tertiary pharmacy studies in English in South Africa, UK, Ireland, USA or Canada)
- Evidence of employment experience as a pharmacist from graduation to the present;
- References relating to professional competence as a pharmacist (regarding the last 10 years);
- 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)
- A certified copy of your current first aid certificate issued by a valid issuer in either Australia or a country or jurisdiction recognised by the APC. (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 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 that applicants 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 Australia 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 to deal with APC on your behalf (e.g. a migration agent, family member or friend), you will need to attach the [APC Agent 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 \$600 which must accompany the application 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 [www.pharmacycouncil.org.au](http://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

A criminal history check will be conducted prior to registration.