

Responsible Manager Pharmacist Certificate Application Form

1 Facility Information

Company Trade Title

Manufacturing Site Permit Date and Number:

2 Information on Responsible Manager Pharmacist

These shall be consistent with the data in the documents submitted to the Agency.

Responsible Manager Pharmacist Name Surname

Responsible Manager Pharmacist TR ID Number

Responsible Manager Pharmacist Phone No.

Responsible Manager Pharmacist E-mail Address

Responsible Manager Profession

Responsible Manager Ph.D. Information (if any, university and department shall be written)

Facility(s) at which they previously held the position of responsible manager (if any)

3 Responsible Manager Pharmacist, Statement and Signature

This field shall be signed by the responsible manager pharmacist candidate.

I declare that the information provided above is accurate and that I do not have a criminal record that will prevent me from performing my duties.

Additionally, within the context of this application, I agree to be designated as the responsible manager of the pertinent facility and to assume all responsibilities and duties that come with that role which are related to the operations to be conducted in the facility in line with the provisions of the current legislation.

Signature

Name Surname

Date

4 Supplementing Documentation Checklist

Prepared documents should not be older than 6 months.

Do not send physical documents other than the original of the old responsible manager certificate.

Responsible manager pharmacist's resume, dated and signed

Letter (dated and signed) stating being appointed by the employer as the responsible manager of the relevant facility

Certified copy of undergraduate diploma or school leaving certificate

Certified copy of doctorate diploma (if any)

Employer's statement and social security premium documents proving experience

Copy of identity card of the responsible manager pharmacist

Health and eye checkup reports must be no older than six months.

Trade association registration document of the responsible manager pharmacist (if any)

A document verifying their cease of prior employment

The original responsible manager's certificate of the former responsible manager

Other (*Specify.*)

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