Notification of the resignation of a superintendent pharmacist

### April 2025

Please use this form to notify us that you have resigned and are no longer the superintendent pharmacist for the body corporate, LLP, or NHS trust you were working for. You can inform us before your official resignation date, but please be aware that it is a legal requirement to notify us no later than 28 days after you cease your role as superintendent pharmacist.

Before submitting your notification, please ensure you read the guidance below to help you provide all the necessary information.

**Completing the form**

You can complete this form electronically using Word. Once you've filled it out, save the form as a PDF and use the ‘Fill & Sign’ functionality in Adobe Acrobat to sign it. To activate this feature, click on the pen icon in the Adobe toolbar. You can [**find out more about using Fill & Sign on the Adobe website**](https://helpx.adobe.com/uk/acrobat/using/fill-and-sign.html).

You also have the option to print this form, fill it in by hand, and send us a scanned PDF copy.

Along with the form, you must provide evidence of the date on which you left or will leave your post. This could be a copy of your resignation confirmation letter from your employer, for example. Please Submit your complete application and supporting documents via email to [premises@pharmacyregulation.org](mailto:premises@pharmacyregulation.org)

**What happens next?**

We will take up to 28 days to process your notification. If we require additional information, we will contact you using the details provided on the notification form. Once your records have been updated, we will confirm this by email.

We will also contact the pharmacy owner to prompt them to check if they need to appoint a new superintendent pharmacist. The pharmacy owner’s record will be updated to reflect that you are no longer the superintendent pharmacist and the date you resigned. Your entry in the published register will also be updated.

## Your details

**Give your details as the resigning superintendent pharmacist.**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title | Mr |  | Mrs |  | Ms |  | Miss |  | Other |  |

|  |  |
| --- | --- |
| Name |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| GPhC registration number |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Email |  |

|  |  |
| --- | --- |
| Phone |  |

## Pharmacy owner details

**Give the details of the body corporate, LLP or NHS trust where you are resigning, or have resigned, from the post of superintendent pharmacist. You can find the owner number on myGPhCpharmacy.**

|  |  |
| --- | --- |
| Organisation name |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| GPhC owner number |  |  |  |  |  |  |  |  |

## Resignation details

**I declare that I have resigned, or will be resigning, from the position of superintendent pharmacist at the organisation named above, on: (DDMMYY)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

**I have included evidence of my resignation as part of this notification**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

Signed Date

**Adding your signature using Adobe Fill & Sign**

Click on the ‘sign’ icon in the Fill & Sign toolbar and select ‘Add signature’. You can add your signature in two ways:

Click on the ‘Draw’ icon and use your mouse to draw your signature (much as you would when accepting a package delivery)

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.

**Please note that we will not accept a typed signature.**

Email your completed form to**:** [premises@pharmacyregulation.org](mailto:premises@pharmacyregulation.org)