## 

Nominating a superintendent pharmacist

April 2025

## Use this form to nominate a superintendent pharmacist if:

* you are applying to register a new pharmacy or to restore a pharmacy to the register, where the pharmacy owner organisation is an NHS Trust, body corporate, or limited liability partnership
* you are notifying us of the change of ownership of a pharmacy, where the new owner organisation is an NHS Trust, body corporate, or limited liability partnership
* a new superintendent pharmacist is replacing a previous superintendent of an existing pharmacy owner organisation

**If you have an NHS contract, you should also notify your local NHS team of any changes.**

You can complete this form electronically using Word. Once filled out, save the form as a PDF and sign it using the ‘Fill & Sign’ functionality in Adobe Acrobat. 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 can also print this form, fill it in by hand, and send us a scanned PDF copy.

**If you are completing this form as part of a new premises registration, restoration, or change of ownership, make sure you include this nomination form with your main application form.**

If you are completing this form due to a change in superintendent, please send an email with the subject heading “Nominating a superintendent pharmacist” to [premises@pharmacyregulation.org](mailto:premises@pharmacyregulation.org).

**What happens next?**

It can take up to 28 days to process your application. We will notify you once your application has been reviewed and processed.

## About the pharmacy owner

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

|  |  |
| --- | --- |
| Organisation address |  |

|  |  |
| --- | --- |
| Postcode |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| GPhC owner number (if applicable) |  |  |  |  |  |  |  |  |

* 1. **Is the organisation submitting this application a body corporate or limited liability partnership (LLP)?**

**Yes  No**

**If yes:**

1. **please give the Companies House registration number below and make sure the address given above is the registered address of the business.**

|  |
| --- |
|  |

1. **Will the new superintendent pharmacist be a director of the body corporate?**

**Yes  No**

## Contact details

#### Who the GPhC should contact if we require further information.

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

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

|  |  |
| --- | --- |
| Position |  |

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

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

## About the superintendent

* 1. **Give the details of the pharmacist you want to nominate as superintendent.**

|  |  |
| --- | --- |
| Superintendent’s name |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Superintendent’s GPhC registration number |  |  |  |  |  |  |  |
|

* 1. **Is this superintendent replacing a previous pharmacist in this role?**

**Yes  No**

**If yes, please give the details of the previous superintendent.**

|  |  |
| --- | --- |
| Previous Superintendent’s name |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Superintendent’s GPhC registration number |  |  |  |  |  |  |  |
|

* 1. **Is this superintendent also a superintendent for any body corporates?**

**Yes  No**

**If yes, please give details of body corporates below.**

|  |  |
| --- | --- |
| **Body corporate name** | **GPhC owner number** |
|  |  |

## Nomination declarations

### Section A: to be completed by the pharmacy owner

Depending on the structure of the organisation, this declaration should be made by:

* a director of a body corporate, who has the authority to bind the body corporate
* a partner of a limited liability partnership (LLP), who has authority to bind the LLP
* the chief pharmacist of the NHS Trust
  1. **I declare that I am making an application to nominate the pharmacist named in section 3.1 as superintendent for the body corporate, limited liability partnership or NHS trust named in Section 1 with effect from:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date (DD MM YY)** |  |  |  |  |  |  |

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

Signed Date

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

|  |  |
| --- | --- |
| Position |  |

### Section B: to be completed by the nominated pharmacist

**Make sure you have read the content of the form before making your declaration.**

**I declare that:**

* 1. **I am the pharmacist identified in section 3.1 above**
  2. **I am registered in Part 1 of the register**
  3. **I have provided details of any other superintendent role(s), I hold, if applicable**
  4. **I accept the appointment of superintendent pharmacist from the date indicated in section 4.1**
  5. **the business of the body corporate, limited liability partnership or NHS trust, so far as it concerns the keeping, preparing, dispensing and supplying of medicinal products, other than medicinal products on the general sale list, will be under my management**
  6. **the retail sale of medicinal products will be undertaken with a responsible pharmacist in charge of the business at these premises**
  7. **the responsible pharmacist will be either myself or a manager or an assistant who is subject to my direction and who is a pharmacist registered in Part 1 or Part 4 of the register**
  8. **if I am nominated as the superintendent of the body corporate and am not a director of the organisation, the restricted titles of ‘chemist’ or ‘druggist’ will not be used in connection with the business, as set out in part 1.1 b) above**

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

Signed Date

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

**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.

**We will not accept a typed signature.**

Email your completed form with the subject heading ‘Nominating a superintendent pharmacist’ to**:** [premises@pharmacyregulation.org](mailto:premises@pharmacyregulation.org)**.**