Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Primary Care Reimbursement Service
Security Certificate Requisition Form
Pharmacy v1.3

Information and Data Protection Notice

1. A security certificate is required to authenticate your electronic communications with PCRS, e.g. electronic claim submissions.
2. Security certificates can issue on the basis of provisional pharmacy numbers. Full contract setup is required for reimbursement.
3. The latest version of this form is always available on the pharmacy section of online services at www.pcrs.ie. Please check the version number at the top right of this document. Requisitions must be made on the latest version of the form.
4. Please use BLOCK CAPITALS and complete all sections. Forms which cannot be processed will be returned to sender by post.
5. **Data Protection Notice:** Personal data collected by the HSE is used for the purpose of providing a health service. It is required, stored, processed and disclosed to other bodies in accordance with the laws relating to proper treatment of personal data.

Part 1: Requisition Type

Additional: In cases where a first or second etc. computer is to be configured to communicate with PCRS. **Replacement:** In cases where the pharmacy had a certificate for which a replacement is now required. **Standard:** Secure codes will be dispatched by post within 5 working days from receipt. Requisitions must be received at PCRS by the **15th of each month** to enable electronic submission of the current month's claims. See PCRS handbook for pharmacists on www.pcrs.ie. **Emergency:** Secure codes will be issued by email directly to a pharmacy and only if the requisition can be verified. If an email address is not available, an emergency requisition will not be processed.

Please Insert "Additional" or "Replacement"	
Please Insert "Standard" or "Emergency"	

If emergency, state the reason. This will be reviewed and the requisition processed as an **emergency only in cases where early pay claim submission would fail**. Late applications are not treated as emergencies.

Part 2: Applicant's Details

Pharmacy Number:		Pharmacy Stamp
Trading Name:		
First Name:		
Surname:		
Phone Number:		
Fax Number:		Pharmacy Address:
PSI Number:		
VAT Number:		
E-mail Address:		

Please note that the details above are mandatory and are used to verify the requisition from a security perspective. The PSI number of the supervising pharmacist is required.

Part 3: Declaration

I the supervising pharmacist am seeking for this pharmacy to be provided with a security certificate which will allow my computer system to communicate with the PCRS. I ensure that all appropriate physical security arrangements are in place regarding pharmacy computer infrastructure (e.g. personnel access to and use of it). I ensure that secure arrangements are made to destroy old computer infrastructure as it is replaced. I have appropriate contractual arrangements in place from a security point of view with any third parties who assist with my computing infrastructure.

Signature:		Dated:	d d m m y y y y

Please scan and email the completed, signed and stamped form to cert.info@hse.ie. Alternatively, post the form to;
IT Operations, Primary Care Reimbursement Service, Exit 5 M50 North Road Finglas, Dublin 11. Faxed forms not accepted.