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| --- | --- | --- | --- | --- | --- |
| FR-NL volledige versie | |  | | | |
| DG Inspection - Industry Division Avenue Galilée 5/03 1210 BRUSSELS www.famhp.be/en | | | |
|  | | Form 65 | |
|  |  | |  | |

REQUEST FOR ENTRY ON THE LIST OF QUALIFIED PERSONS (QPHum)

**(Article 84 of the Royal Decree of 14 December 2006**

**on medicinal products for human use and veterinary medicinal products)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PERSONAL DATA | | | | |
| Name |  | | | |
| First name(s) |  | | | |
| National registration number(format: xx.xx.xx.xx-xxx.xx) |  | | | |
| Address |  | | | |
| Country |  | | | |
|  | Private | | Professional activity | |
| Telephone number |  | |  | |
| Cell phone number |  | |  | |
| Email |  | | | |
| Gender *(delete whichever is not applicable)* | Male | Female | | X |
| ID card | *Attach copy* | | | |

|  |  |
| --- | --- |
| DEGREE(S) *(attach copy)* | |
| Pharmacy degree or master in pharmaceutical sciences, certificate or equivalence statement | |
| Official title of the university degree, certificate or attestation |  |
| Issued by |  |
| Issued on |  |
| Language of the university degree, certificate or attestation |  |
| **Theoretical** duration of the cycle | year |

|  |  |
| --- | --- |
| Industrial pharmacy degree or master in industrial pharmacy | |
| Official title of the university degree, certificate or attestation |  |
| Issued by |  |
| Issued on |  |
| Language of the university degree, certificate or attestation |  |
| **Theoretical** duration of the cycle | year |

|  |  |  |
| --- | --- | --- |
| Other university degrees | | |
| Official title of the university degree, certificate or attestation |  | |
| Issued by |  | |
| Issued on |  | |
| Language of the university degree, certificate or attestation |  | |
| **Theoretical** duration of the cycle | year | |
| Proof of theoretical and practical instruction in the basic subjects mentioned in Article 84, §2 | | *Attach copy* |

\*physician or master in medicine, veterinarian or master in veterinary medicine, chemist or master in chemistry, biologist or master in biology, biomed or master in biomedical sciences.

|  |  |  |
| --- | --- | --- |
| PROOF OF PRACTICAL EXPERIENCE | | |
| Firm(s) licensed to manufacture medicinal products for human use | | |
| * Name |  | |
| * Address |  | |
| * Zip/postal code |  | |
| * City |  | |
| * Country |  | |
| * Period | from | till |
| * Identity of the qualified person issuing the certificate (QP/QPHum) |  | |
| * Internship certificate | *Attach original internship certificate* | |

|  |  |  |
| --- | --- | --- |
| Firm(s) licensed to manufacture veterinary medicinal products | | |
| * Name |  | |
| * Address |  | |
| * Zip/postal code |  | |
| * City |  | |
| * Country |  | |
| * Period | from | till |
| * Identity of the qualified person issuing the certificate (QP/QPVet) |  | |
| * Internship certificate | *Attach original internship certificate* | |

|  |  |
| --- | --- |
| Current position |  |

|  |  |
| --- | --- |
| Comments |  |

|  |  |
| --- | --- |
| Date | Signature |
|  |  |