|  |  |
| --- | --- |
| FR-NL volledige versie |  |
| DG Inspection - Industry DivisionAvenue Galilée 5/031210 BRUSSELSwww.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 |
|  |  |