

Title: Application form and guidelines for recognition of professional qualifications FOR020 – V4		
Owner: PD	Approved by: PD	Approval date: April 2022

Guidelines for applicants seeking recognition of qualifications obtained outside the State

Pre-Hospital Emergency Care Council - recognitionqualifications@phecc.ie

PHECC intend the information below to serve as a guidance document for those wishing to apply for recognition of qualifications obtained from outside of the State. The information should be read in conjunction with the information on the PHECC website. This will ensure that your application is completed correctly and in full.

Information provided on the PHECC website sets out the standard required by PHECC for entry to the PHECC register. Your application will be measured against the standards within these documents, therefore; you must satisfy yourself that the evidence you are providing matches the Irish standard.

There are 3 documents that **MUST** be completed and returned to PHECC:

- Application Form (FOR020) – **returned to PHECC by you**
- Form A (FOR019) – returned **directly to PHECC** by your training institute
- Form B (FOR077) – returned **directly to PHECC** by your professional practice referee

General guidance for completing your application

- Before submitting your application, please review the ‘Application form checklist’ to ensure that you are familiar with the evidence you will need to supply to support your application. You should also read the information on the PHECC website.
- Completed application forms must be forwarded electronically in one file attachment to recognitionqualifications@phecc.ie
- Applications are not deemed complete until all the required documents have been submitted including the fee. See Council’s [Schedule of Fees](#) on the PHECC website.
Payment may be made through:
PayPal <http://paypal.phecc.ie/paypal.htm> (item No. 2.6) **Or**
Electronic Fund Transfer (EFT) Account Name: Pre-Hospital Emergency Care Council
Account No: 38367262 Sort Code: 93-32-36 IBAN: IE29 AIBK 9332 3638 3672 62 BIC: AIBKIE2D
- Complete ALL sections of the application form. Sections which are not being completed should be denoted by inserting “not applicable” or (N/A).
- PLEASE NOTE: your application will be returned if it is submitted incorrectly which can cause delays to the application process. You will be advised, within one month of receipt of application, if additional information is required.
- PHECC reserves the right to request additional information including original documents.
- On receipt of completed application and fee you will be issued with a unique reference number which you will need to quote when contacting the office in relation to this application.
- It is important that the Pre-Hospital Emergency Care Council is made aware of any changes to your personal details especially a change of address.
- All documents must be completed in English or must be translated into English and notarised by a Notary Public (a public official who notarises legal documents and who can also administer and take oaths and affirmations among other tasks) and include the notary’s seal of office and registration number.
- PHECC will endeavor to provide a decision in relation to your application within approximately three months from the date that ALL the required documentation has been presented. This

three-month period may be extended by one month in certain circumstances. However, PHECC will advise you if this is necessary.

Section 1: Contact details

1. You must only select one of the three levels of competence (register divisions); EMT, Paramedic or Advanced Paramedic.
2. Attach a recent passport size photograph which will need to be of a similar quality to that required for a passport.
3. An original notarised copy of your passport (or other legal form of identification) showing your name, photo and passport number etc. must be included with your application. Please note that if you are currently resident in Ireland, Garda verification of a photocopy of your passport is acceptable.
4. If your name differs from that stated on the identification provided you must enclose original notarised copies of legal documentation of the name change. This would include documentation such as your Marriage Certificate or Deed Poll.

Section 2: Qualifications, education & training

1. Section 2, Part 1: You must provide details of the relevant competent authority in your home Member State. If you are unfamiliar with this authority, please refer to the European Commission website and the section called “Free movement of professionals”. There is an up-to-date list of National contact points in every EU country on this website and also some other useful information.
2. Applicants exercising mutual recognition rights must attach the letter/certificate or other evidence issued by the relevant competent authority in their Member State certifying successful completion of professional training (The Recognition of Professional Qualifications Directive 2005/36/EC, Article 3. 1 (c) refers).
3. Section 2 Part 2: You must provide details of the educational institute where you obtained your professional qualification(s). If two or more relevant courses were completed insert full details under ‘3 Additional professional qualifications’.
4. You must attach a copy of all professional certificate/qualifications in pre-hospital emergency care listed as part of your application (if translated into English, it must be certified by a Notary Public). Other relevant additional qualification certificates, as applicable, must be enclosed (photocopies in English).

Section 3: Professional experience

1. In Section 3 you are asked to provide as much detail as possible on your current and previous positions.
2. To submit additional employment details, refer to ‘Previous positions’ and please note that you must submit a Form B Reference for every work experience you wish to have considered as part of your application.
3. If your professional practice was subject to regulation by a regulatory body or similar, please set out the name of such regulatory body and the period of your registration with that body.
For example - from the UK the regulatory authority is the Health and Care Professions Council (HCPC); from the USA it is the individual state licensing authority; and in South Africa the Health Professions Council of South Africa (HPCSA) will apply.

Note: The National Registry of Emergency Medical Technicians (NREMT) in the USA and the Australasian Registry of Emergency Medical Technicians (AREMT) from Australia are not regulatory

authorities. If you have not worked (in a paid or voluntary capacity) since qualifying insert “not applicable” (NA)

Section 4: Declaration

By signing this declaration, you are stating that the information you have provided is true and accurate to the best of your belief and you are giving authority to the PHECC to make enquiries with any organisation, body or person in pursuance of your application. You are also confirming that you have read and familiarised yourself with all of the information provided on the website.

By submitting your application form you are consenting to PHECC holding and processing your personal data.

Guidance for completing Form A and Form B

Form A and Form B must be returned to the Pre-Hospital Emergency Care Council by email to recognitionqualifications@phecc.ie

This must be sent directly from the issuing body using an official and verifiable email address.

FORM A Training and Education Testimony

- Your pre-hospital emergency care training and education must be verified by your educational institution on Form A. You are asked to complete Part 1 & 2 only. Your educational institute must complete Part 3 and return directly by email to recognitionqualifications@phecc.ie
- Documentation outlining all of the essential information about your course (syllabus or similar) (in English) must be provided to supplement the information provided on the Form A. Submitting a timetable or list of subjects studied is not sufficient evidence of information that is required for assessment.
- If you wish that PHECC considers more than one qualification you must complete one form per qualification and have each one individually verified by the educational institute (See Part 3)
- If **Form A** is translated into English, it must be certified by a Notary Public.

FORM B Professional Reference

- Confirmation of your professional clinical practice must be verified by a current professional referee using Form B. You are asked to complete Part 1 only. Your referee must complete Parts 2 & 3 and return directly by email to recognitionqualifications@phecc.ie
- Other formats of a professional reference are acceptable only if they are in English (or translated into English) and include the specific information required in Form B. Any substitute reference should be attached to Form B prior to returning to PHECC.
- The referee completing this reference **MUST** be from a current/recent employer who can confirm your professional post qualification experience.
- In the event that you are not currently engaged as a pre-hospital emergency care practitioner, a professional reference regarding your most recent pre-hospital practitioner position must be provided and sent to PHECC.
- If you are a recent graduate without post qualification employment, a letter from a referee responsible for managing or supervising your professional practice during training will be accepted.
- If **Form B** is translated into English, it must be certified by a Notary Public.

WORK PERMITS

The Pre-Hospital Emergency Care Council has no responsibility in assisting or providing guidance with securing work permits. Please contact the Department of Enterprise, Trade and Employment directly who will assist you in these matters.

[Employment Permits](#)

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