An Roinn Talmhaíochta, Bia agus Mara
Department of Agriculture, Food and the Marine

Form NVPS SSO1

# *Request for access to Department of Agriculture, Food and the Marine's National Veterinary Prescription System, NVPS user*

**To be completed by the applicant (all fields are mandatory)**

***Please complete section 1 of this form and return by post to NVPS Section, Veterinary Medicines, Dept of Agriculture, Admin Building, Backweston Campus, Celbridge, Co Kildare, W23X3PH***

## *Section 1 - Applicant Details*

***Forename:** _____

***Surname:** _____

***PPS** (Vets only)**:**_____

***Company/Practice Name:** _____

***Role in Company/Practice:** _____

***Address 1:** _____

***Address 2:** _____

***Address 3:** _____

***Address 4:** _____

***Mobile Phone No:** _____

***Office Phone No:** _____

***Email Address:** _____
(Of Company/ Practice)

***Role*** (Please tick one)
***1.Veterinary Practitioner*** ☐

***2. PVP Office Administrator*** ☐

**3. Dispenser/ Pharmacy/ LM/ Med feed/Fish Operator** ☐

**Please list VCI Number/ LM License or Med Feed License number below**

_____

These details are not required for office administrators.
** These are mandatory requirements*

## ***Applicant's declaration***

*I hereby apply for access to the National Veterinary Prescription System (NVPS).*

*I acknowledge that the data to which I will have access through NVPS is confidential and is covered by the Data Protection Acts 1998 and 2003. I understand that this information is made available to me for the purposes of the Department's reporting on antibiotic usage under the regulation 2019/6 Article 105*
*I undertake to use the information solely for the purposes for which it is intended and not to disclose it to third parties.*
*Please register my details as above.*

***Signed:** _____ **Date:** _____

## To be completed by the NVPS HEO

***Please complete section 2 of this form and forward it to the designated Authoriser in the NVPS area***

### Section 2 – Section HEO Approval

***I _____ in NVPS Dept. approve this applicant's request for access to the NVPS system.***

***I CONFIRM THAT THE FORENAME, SURNAME, PPS NUMBER, VET CODE AND ADDRESS SHOWN AGREE WITH THE DETAILS RECORDED ON CCS.***

**NOTE: Please attach screen prints from CCS to confirm the above details i.e., Customer Details and Business Details screens. Addresses (Customer & Business customer)**

***Signed: _____ Date: _____***

## To be completed by the NVPS Authoriser

***Please complete section 3 of this form and forward it to the IT Security Unit***

### Section 3 – Role Assignment

***Please assign the NVPS User or NVPS Office Administrator role to this applicant. (Delete as appropriate)***

***I confirm that NVPS have not received a previous application in this person's name.***

***Signed: _____ Date: _____***

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