PHARMACY CARE RECORD (PCR) USER ACCOUNT CREATION REQUEST

**PLEASE COMPLETE AND eMAIL TO: pharm.cppcr@nhs.scot**

To be completed by the registered pharmacist or pharmacy technician applying for a PCR account and password

|  |  |
| --- | --- |
| GPhC number  (will be PCR User ID) |  |
| Given Name (First name) |  |
| Family Name (Surname) |  |
| Date |  |
| Phone number/email address for communication of password |  |
| Pharmacy Name, Address & Contractor Code  Or  Locum (if working in a number of community pharmacies) |  |