Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Primary Care Reimbursement Service
Security Certificate Requisition Form
Primary Care Contractor (PCC) v1.6

Information and Data Protection Notice

1. A security certificate is required to authenticate your electronic communications with PCRS, e.g. electronic claim submissions.
2. Security certificates can issue on the basis of provisional contract numbers. Full contract setup is required for reimbursement.
3. The latest version of this form is always available on online services section at www.pcrs.ie. Please check the version number at the top right of this document. Requisitions must be made on the latest version of the form.
4. Please use BLOCK CAPITALS and complete all sections. ***Mobile Number is mandatory***. Forms which cannot be processed will be returned to sender by post.
5. **Data Protection Notice:** Personal data collected by the HSE is used for the purpose of providing a health service. It is required, stored, processed and disclosed to other bodies in accordance with the laws relating to proper treatment of personal data.

Part 1: Requisition Type

Additional: In cases where a first or second etc. computer is to be configured to communicate with PCRS. **Replacement:** In cases where the PCC had a certificate for which a replacement is now required. **Standard:** Secure codes will be dispatched by post within 5 working days from receipt. Requisitions must be received at PCRS by the **15th of each month**. **Emergency:** Secure codes will be issued by email directly to a PCC and only if the requisition can be verified. If an email address is not available, an emergency requisition will not be processed.

Please Insert "Additional" or "Replacement"	
Please Insert "Standard" or "Emergency"	

If emergency, state the reason. This will be reviewed and the requisition processed as an **emergency only in certain cases**. Late applications are not treated as emergencies.

Part 2: Applicant's Details

		PCC Stamp
PCC Number:		
Trading Name:		
First Name:		
Surname:		
Phone Number:		
Mobile Number:		PCC Address:
Fax Number:		
IDC Number:		
VAT Number:		
E-mail Address:		

Please note that the details above are mandatory and are used to verify the requisition from a security perspective. The Irish Dental Council number of the PCC is required.

Part 3: Declaration

I the primary care contractor am seeking to be provided with a security certificate which will allow my computer system to communicate with the PCRS. I will not share this security cert with any individual or 3rd party vendor/service provider. I ensure that all appropriate physical security arrangements are in place regarding my computer infrastructure (e.g. personnel access to and use of it). I ensure that secure arrangements are made to destroy old computer infrastructure as it is replaced. If provided with username and password, I will not share these with any individual or 3rd party vendor/service provider. I have appropriate contractual arrangements in place from a security point of view with any third parties who assist with my computing Infrastructure.

Signature:		Dated:	d d m m y y y y

Please scan and email the completed, signed and stamped form to cert.info@hse.ie. Alternatively, post the form to;
IT Operations, Primary Care Reimbursement Service, Exit 5 M50 North Road Finglas, Dublin 11. Faxed forms not accepted.