

**GUIDE TO THE ONLINE PRS
(PROFESSIONAL REGISTRATION SYSTEM)**

September 2016

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Pharmacists' Login Access

All registered pharmacists have been issued with a User ID and password to access the Professional Registration System (PRS). You will have to use this login account when submitting your credit claims and checking your personal CPE reports.

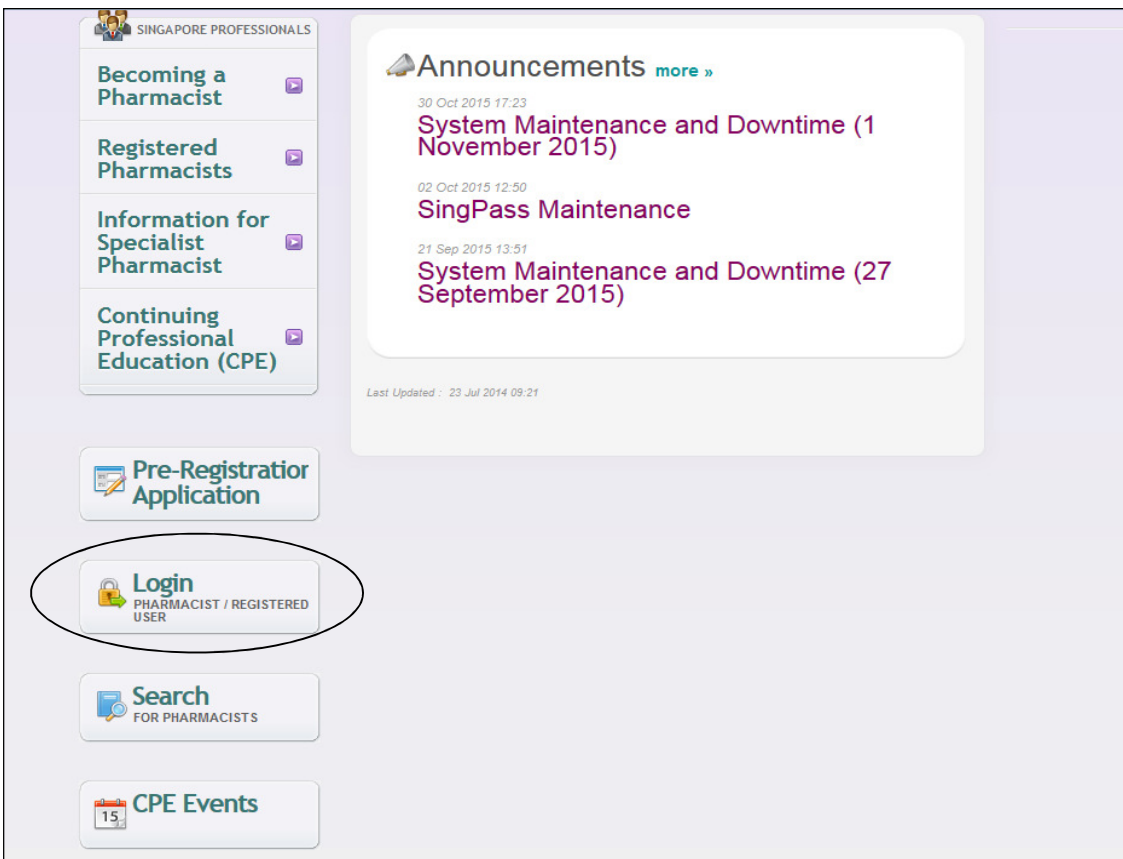
As the User ID and password are case sensitive, please ensure that you type your User ID and password in the correct case. An error message will be displayed if the wrong User ID or password is typed, or if the login is entered in the wrong case.

Pharmacists may also login using your SingPass.

Please note that due to security concern, eGov had decided that SingPass would have to be the default authentication mechanism for all government-to-citizen transactions. As such, logging in using PRS issued User ID and password would be blocked for those with or eligible for SingPass, starting in 2017.

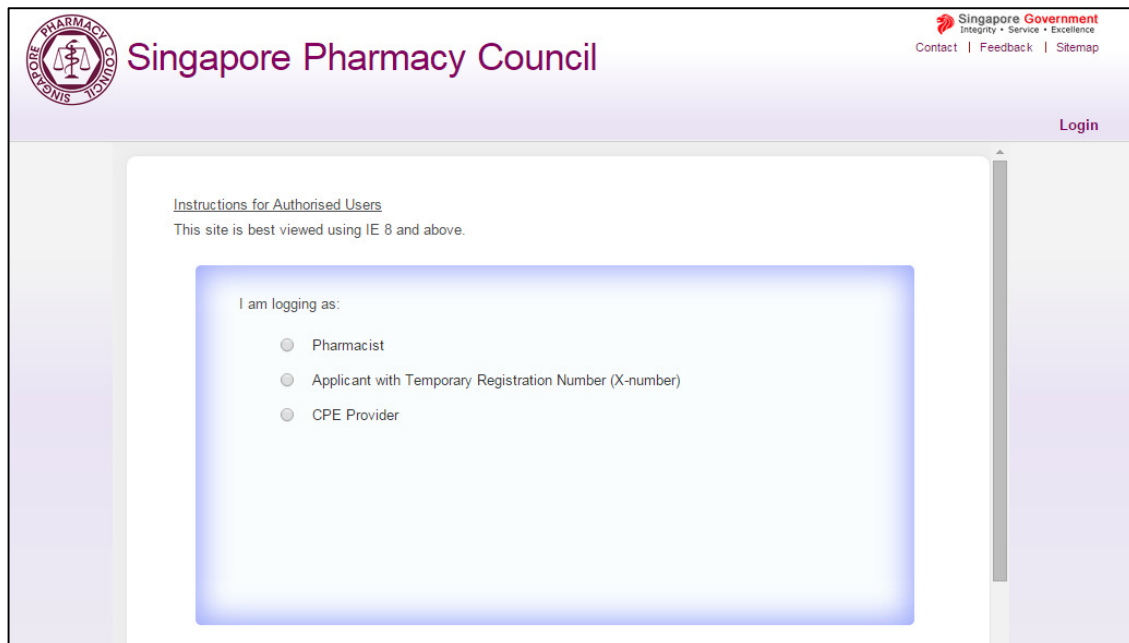
Login to the PRS

To access the PRS, click on the [\[Login\]](#) button on the SPC's website (URL: <http://www.spc.gov.sg>)



Screen 1 – SPC's Website

The PRS Login screen will be displayed as follows:



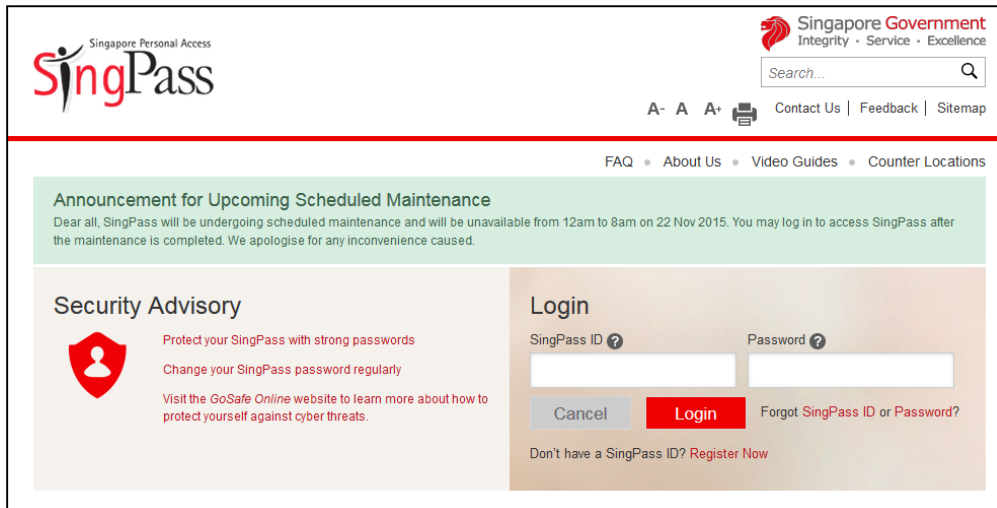
Screen 2 – 1st Screen

To proceed, select **[Pharmacist]**, you will be directed to 2nd Screen:



Screen 3 – 2nd Screen

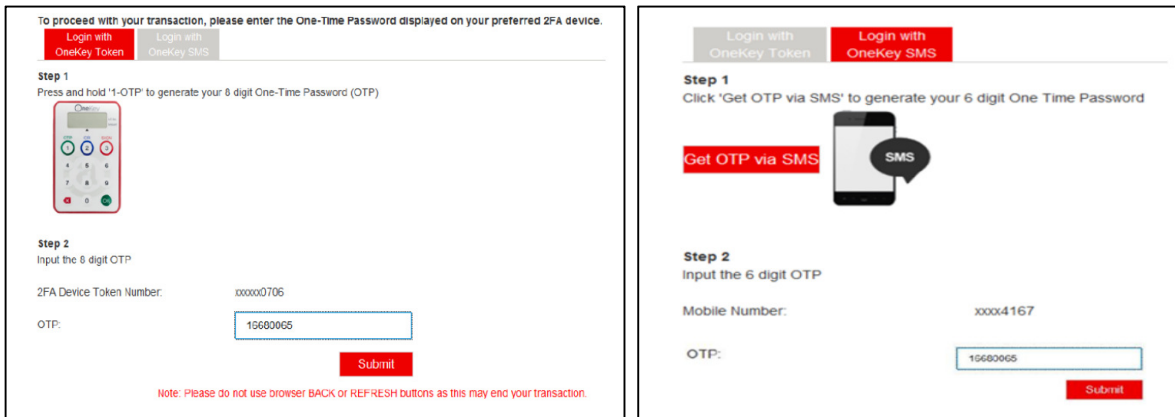
Click on the SingPass icon to proceed with login using SingPass:



Screen 4 – SingPass Login Page

The 2FA is a one-time "second factor" password delivered through Short Messaging Service (SMS) or OneKey token. All government e-services involving sensitive data will require this 2FA from 5 July 2016 onwards.

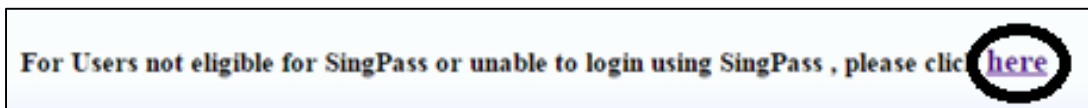
Depending on which 2FA method you have registered for, you would be directed to the 2FA screen:



Screen 5 – 2FA Screen

If you are unable to login using SingPass, you may still login using your Pharmacist Registration Number (PRN) and password. However, do note that this alternate login method would be removed from 1 January 2017.

To login using PRN, click on "[here](#)" in Screen 3:



The PRN login page will be displayed:

[Instructions for Authorised Users](#)

Healthcare Professionals:
You may login via SingPass or your User ID and password. For first time login users, please click [here](#) to view the documentation required for processing.


HR Personnel:
You may login via your User ID and password. If you do not have an account, please click [here](#) to download the form and mail the signed form to enquiries@spc.gov.sg.

CPE Providers
You may login via your User ID and password. If you do not have an account, please click [here](#) to submit your application for an online account.

User ID ?

Password

[Reset Password](#)

Alternatively, you can login using 

Screen 6 – PRN Login Page

To login:

- Enter your **User ID**.
- Enter your **Password**.
- Click on the **[Login]** button.


If you have forgotten or you wish to reset your password, click on **[Reset Password]**

Reset Password

Note: All Fields marked with asterisk (*) are mandatory.

*User ID

*NRIC No. / FIN / Passport

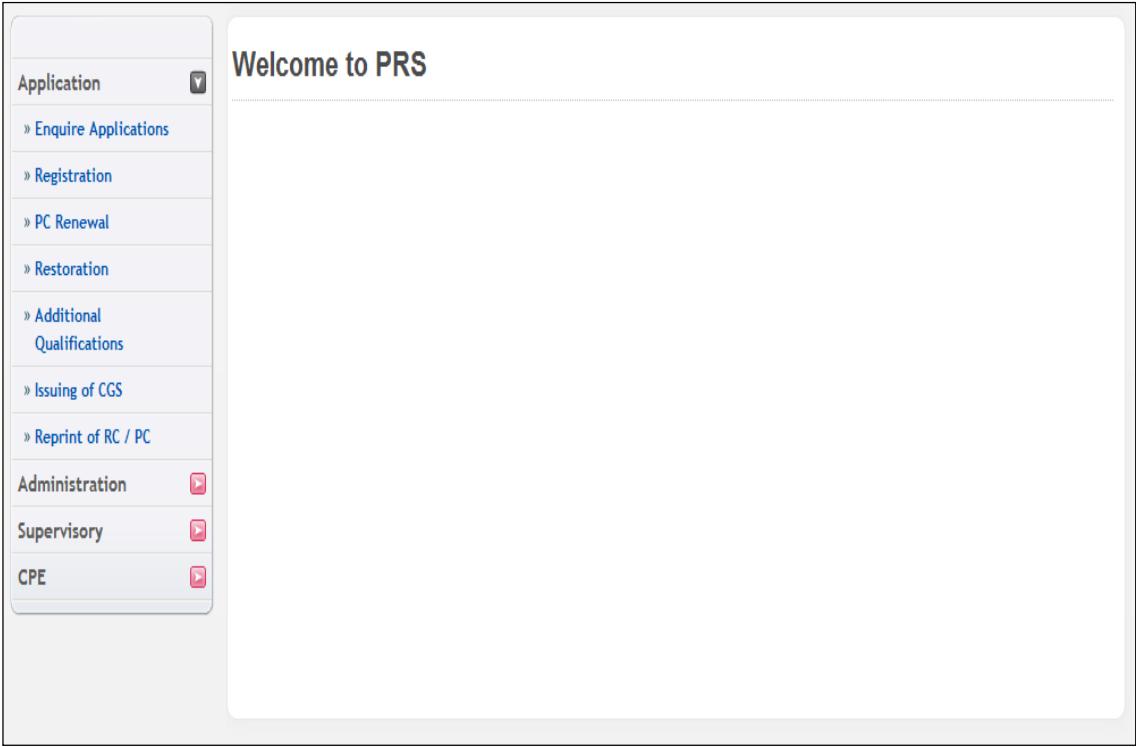
*Date of Birth (dd/mm/yyyy) 

Screen 7 – Password Reset

To reset password:

- Enter your **User ID**.
- Enter your **NRIC No. / FIN / Passport**
- Enter your **Date of Birth (dd/mm/yyyy)**
- Click on the **[Reset Password]** button

If your login credentials are correct, you will be brought to the landing page:



Screen 8 – Professional Registration System (PRS) Landing Page

CPE Event Calendar

There are a total of 7 CPE categories, i.e. 1A, 1B, 1C, 2A, 2B, 3A and 3B.

CPE points for your participation in Category 1B activities will be submitted by the CPE Providers on your behalf. However, you will have to submit your own claims for Categories 1A, 1C, 2A, 2B, 3A and 3B activities.

CPE Event Calendar

All SPC accredited Category 1B local events will be listed in the Event Calendar.

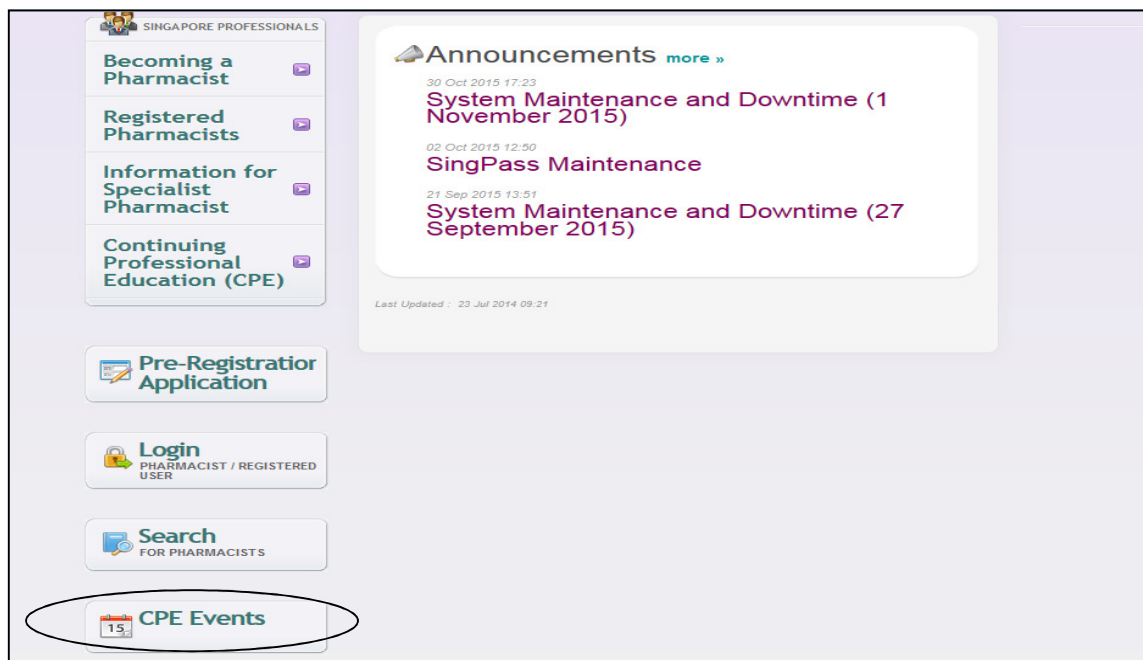
As CPE Providers would be submitting the CPE claims on behalf of the pharmacists for Category 1B events, pharmacists have to indicate their name, Pharmacist Registration Number (PRN) and also sign on the attendance sheet when they attend these events.

If you were to attend a 1-day event comprising 2 or 3 sessions, you should remember to sign on the attendance sheet at the start of each session and also write your name and PRN clearly.

The Event Calendar allows you to search for past and upcoming accredited Category 1B events. You may call or email the contact person, indicated under the details of the event, to register or find out more about the event.

Search for CPE events

To access the CPE events calendar, click on the [\[CPE Events\]](#) button on the SPC's website (URL: <http://www.spc.gov.sg>)



Screen 9 – SPC's Website

To do a simple search, select the range of months that you want to view all events happening during the period.

CPE Events Search

Event Date From: November 2015 | Event Date To: January 2016

Max CPE Points From: [] | Max CPE Points To: []

Event Title: [] | Patient Care Subject: --Select Here--

Event ID: [] | Specialty: --Select Here--

Venue: [] | Organiser: --Select Here--

Category: --Select Here-- | Organiser Type: --Select Here--

[Search]

Screen 10 – Simple Search for CPE Events

To do an advanced search, enter the event code, event title, patientcare subject or organiser name:

CPE Events Search

Event Date From: November 2015 | Event Date To: January 2016

Max CPE Points From: [] | Max CPE Points To: []

Event Title: [] | Patient Care Subject: --Select Here--

Event ID: SPC20151027-1B-0002 | Specialty: --Select Here--

Venue: [] | Organiser: --Select Here--

Category: --Select Here-- | Organiser Type: --Select Here--

[Search]

- AMK Hospital
- Academy of Medicine, Singapore
- Agency for Integrated Care Pte Ltd
- Allergy and Clinical Society (Singapore)
- Alumni Association
- Asia Life Sciences Academy Pte Ltd
- Centre for Health Informatics, NUS
- Changi General Hospital
- Clinical Neuroscience Society
- College of Obstetricians & Gynaecologists, Singapore
- Dermatological Society of Singapore
- Diabetic Society of Singapore
- Duke-NUS Graduate Medical School Singapore
- Eastern Health Alliance
- European Union of Medical Specialists
- Farrer Park Hospital Pte Ltd
- First Asia Ventures Pte Ltd
- Gateway Consulting Singapore Pte Ltd
- Gleneagles Hospital

Screen 11 – Advanced Search for CPE Events

- a. **Event Code** - To find a particular event with a specific Event Code (format - SPCYYYYMMDD-1B-XXXX).

- b. **Event Title** - To search for events by its title. (Tip: Enter the keywords of the event title instead of the whole event title)
- c. **Patient Care Subject** – Use the dropdown list to select whether the event is related to pharmaceutical (patient) care subject (“Yes”) or not (“No”)
- d. **Organiser Name**. Use the dropdown list to select the name of event organiser.

After making your selection, click on the “Search” icon. The CPE Event Calendar – Search Results page will be displayed, with the search results.

CPE Events Search

Event Date From: November 2015 | Event Date To: January 2016

Max CPE Points From: | Max CPE Points To: | Patient Care Subject: --Select Here--

Event Title: | Specialty: --Select Here--

Event ID: | Venue: | Organiser: --Select Here--

Category: --Select Here-- | Organiser Type: --Select Here--

Search

Search Result
Total record(s) found: 42

S/N	Event Start Date	Event ID	Event Title	Organiser	Venue	Max CPE Points	Patient Care Subject	Specialty
1	26/10/2015 (08:00) - 06/11/2015 (18:00)	**SPC20151009-1B-0001	Psychiatric Pharmacy Practice HMDP Visiting Experts FY2015	Institute of Mental Health/Woodbridge Hospital	Institute of Mental Health, Singapore	21	Yes	AP - Psychiatry
2	02/11/2015 (13:00) - 02/11/2015 (14:00)	SPC20151027-1B-0002	Priority Research In Medical Education (PRIME November 2015)	Yong Loo Lin School of Medicine, NUS	National University of Singapore	1	No	AP - Psychiatry, AP Cardiology, AP Geriatrics, AP Infectious Disease, Oncol Pharmacy, Oth (Non-specialty)
3	03/11/2015 (09:00) - 12/11/2015 (18:00)	SPC20150918-1B-0004	Developing Leadership Capabilities & Effectiveness (10th Intake)	Singapore General Hospital	Academia (20 College Rd S169856)	8	No	Others (Non-specialty)
4	03/11/2015 (08:30) - 03/11/2015	SPC20151028-1B-0002	Management of Polycystic Ovary Syndrome (PCOS)	Changi General Hospital	Changi General Hospital	1	Yes	Others (Non-specialty)

Screen 12 –CPE Events Result Listing

To view the details of each event, click on the Event Code hyperlink.

Note: To check whether pharmaceutical (patient) care or non-pharmaceutical (non-patient) care points are allocated to a specific event, refer to the “Patient Care Subject” column. If pharmacists attend a Category 1B event that has been accredited as a pharmaceutical (patient) care event, they will get pharmaceutical (patient) care CPE points. If pharmacists attend a Category 1B event that has been accredited as a non-pharmaceutical (non-patient) care event, they will get non-pharmaceutical (non-patient) care CPE points.


Pharmacist's Online Function

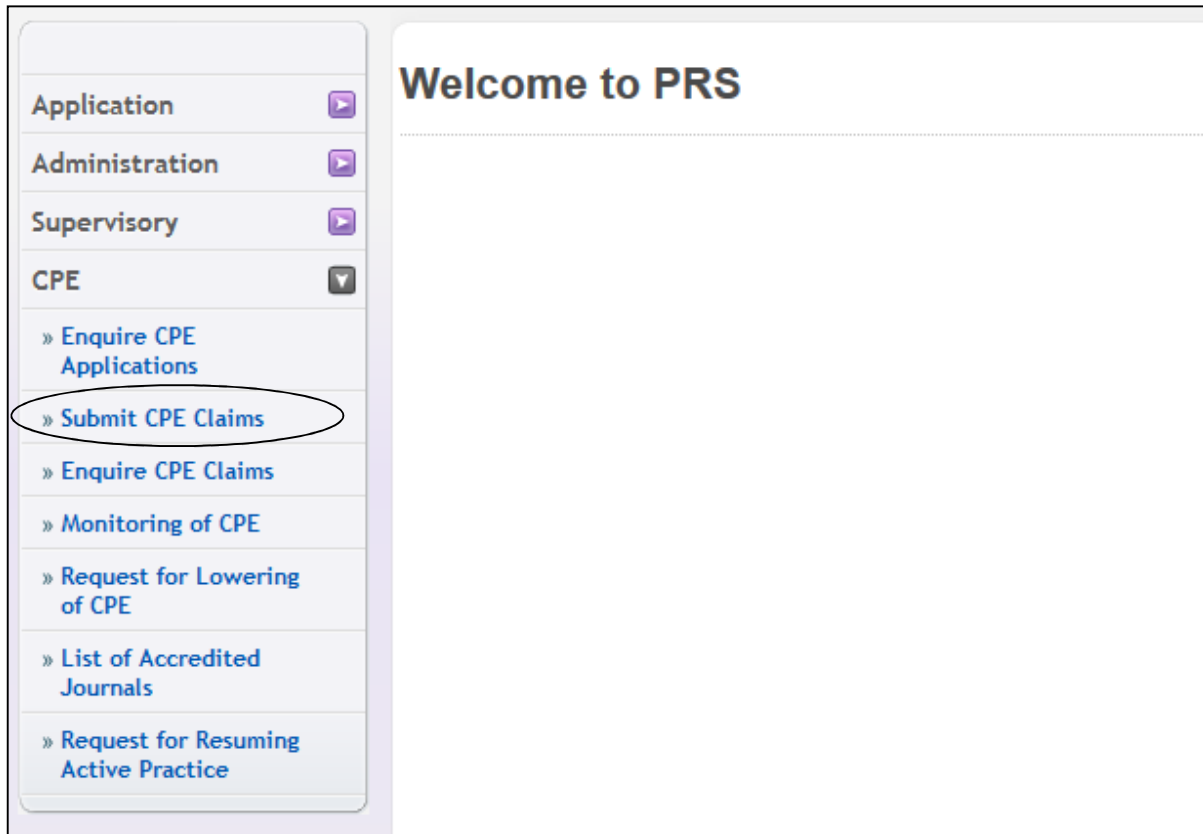
A) Submission of Claims

Claims for Cat 1A, 1C, 2A, 2B, 3A and 3B should only be submitted when the CPE event or activity has been completed. Please note that all mandatory fields have been denoted with “*“. Upon successful submission of an online claim, an acknowledgement screen will be displayed. The assigned activity code of each submitted claim should be documented for reference in case you need to seek any clarification in the future.

In addition to submitting new claims, you can also view the claims that are still pending SPC's approval.

Claims that are approved will be reflected in your personal CPE report. You will be notified of any approved or rejected claim through your registered email address and personal CPE report as well.

To start submission of new CPE claims, expand the CPE Section on the PRS landing page by clicking on the  button.



Screen 13 – Professional Registration System (PRS) Landing Page (CPE Section)

Click on “Submit CPE Claims” and the CPE Claims form will be displayed as shown in Screen 14.

Category Claim Documents Confirmation Acknowledgement

Submission of CPE Claims

Note: All Fields marked with asterisk (*) are mandatory.

*Category	--Select Here-- ▾
*Type of Activity	--Select Here-- ▾

Awarded CPE points (After Capping)

Category	CPE Points		
	Patient Care Points	Specialty Points	Non Patient Care Points
1A	0	0	0
1C	0	0	0
2A	0	0	0
2B	0	0	0
3A	0	0	0
3B	0	0	0

Claim Category Details

Category	Type of Activity	Role
1A	Ad-hoc Events	Participant
	Grand Ward Rounds	Participant
	In-house CE activities	Participant
1C	Overseas Events	Participant
2A	Journals	Co-author, Main Author
2B	Oral Presentation	Co-author, Speaker
	Poster Presentation	Co-author, Speaker
3A	Online/Offline Education Programmes	-
	Readings	-
3B	Post graduate Programmes	-

[Proceed](#)

Screen 14 – Professional Registration System (PRS) Landing Page (CPE Section)

To proceed to the next stage of the application

- 1) Select the **Category** which you are submitting for
- 2) Select **Type of Activity** which you are submitting for
- 3) Click on the **[Proceed]** button

Note: You may refer to the “Claim Category Details” table for reference on Category and Type of Activity.

I) **Type of Claim: Category 1A (Grand Ward Round / In-House CE Activities OR Ad-hoc Events)**

To submit for Grand Ward Rounds activity, proceed with “1A” (Category) and “Grand Ward Rounds” (Type of Activity) selected.

The screenshot shows a web form titled "Submission of CPE Claims". At the top, there are navigation tabs: "Category", "Claim" (highlighted), "Documents", "Confirmation", and "Acknowledgement". Below the tabs is a note: "Note: All Fields marked with asterisk (*) are mandatory." The form is divided into two main sections. The first section, "Registration Details", contains the following information: Registration No. P02740E, Name TEST PHA REG, Registered Specialty -, Appointment -, and CPE Specialty -. The second section, "Category of Grand Ward Rounds Credit Claim", contains the following fields: Category (1A), Type of Activity (Grand Ward Rounds), *Role (Participant), *Patient Care Subject (No), *Subject (--Select Here--), *Event Title (empty), *Specialty (--Select Here--), *Venue (empty), *Event Date (dd/mm/yyyy), *Event Duration (--Select Here--), and Additional Remarks (empty text area with a character count of 0/500). A "Proceed" button is located at the bottom left of the form.

Screen 15 – Submission Form for Category 1A (Grand Ward Rounds)

Complete the online form (Screen 15):

- 1) **Role** – Your role in the event. It is defaulted to “Participant”.
- 2) **Patient Care Subject** - Select whether the event is related to pharmaceutical (patient) care subject (“Yes”) or not (“No”)
- 3) **Subject** - Use the dropdown list to select the most relevant subject matter of the event. If there are no relevant subject matters in the list, select “Others” and enter the subject matter in the field
- 4) **Event Title** – Enter the title of the event
- 5) **Specialty** - Use the dropdown list to select the most relevant specialty area of the event. If none are applicable, select “Others (Non-specialty)”

- 6) **Venue** – Enter the venue of the event
- 7) **Event Date (dd/mm/yyyy)** – Enter the date of the event
- 8) **Event Duration** - Enter the duration of the event
- 9) (Optional) **Additional Remarks** – Enter any additional remarks or information
- 10) Click on the **[Proceed]** button
- 11) Refer to “Upload of Supporting Documents” (Screen 25) for next steps

To submit for In-house CE activity, proceed with “1A” (Category) and “In-house CE activities” (Type of Activity) selected.

The screenshot shows a web form titled "Submission of CPE Claims". At the top, there are navigation tabs: "Category", "Claim" (selected), "Documents", "Confirmation", and "Acknowledgement". Below the tabs is a note: "Note: All Fields marked with asterisk (*) are mandatory." The form is divided into two main sections: "Registration Details" and "Category of In-house CE activities Credit Claim".

Registration Details:

Registration No.	P02740E
Name	TEST PHA REG
Registered Specialty	-
Appointment	-
CPE Specialty	-

Category of In-house CE activities Credit Claim:

Category	1A
Type of Activity	In-house CE activities
*Role	Participant
*Patient Care Subject	<input type="radio"/> No <input type="radio"/> Yes
*Subject	--Select Here--
*Event Title	<input type="text"/>
*Specialty	--Select Here--
*Venue	<input type="text"/>
*Event Date	dd/mm/yyyy <input type="button" value="Calendar"/>
*Event Duration	--Select Here--
Additional Remarks	<input type="text" value=""/>

At the bottom of the form, there is a "Proceed" button and a character count "(0/500)".

Screen 16 – Submission Form for Category 1A (In-house CE Activities)

Complete the online form (Screen 16):

- 1) **Role** – Your role in the event. It is defaulted to “Participant”.
- 2) **Patient Care Subject** - Select whether the event is related to pharmaceutical (patient) care subject (“Yes”) or not (“No”)
- 3) **Subject** - Use the dropdown list to select the most relevant subject matter of the event. If there are no relevant subject matters in the list, select “Others” and enter the subject matter in the field
- 4) **Event Title** – Enter the title of the event

- 5) **Specialty** - Use the dropdown list to select the most relevant specialty area of the event. If none are applicable, select “Others (Non-specialty)”
- 6) **Venue** – Enter the venue of the event
- 7) **Event Date (dd/mm/yyyy)** – Enter the date of the event
- 8) **Event Duration** - Enter the duration of the event
- 9) (Optional) **Additional Remarks** – Enter any additional remarks or information
- 10) Click on the **[Proceed]** button
- 11) Refer to “Upload of Supporting Documents” (Screen 25) for next steps

To submit for local Ad-hoc events, proceed with “1A” (Category) and “Ad-hoc Events” (Type of Activity) selected.

Category
Claim
Documents
Confirmation
Acknowledgement

Submission of CPE Claims

Note: All Fields marked with asterisk (*) are mandatory.

Registration Details

Registration No.	P02740E
Name	TEST PHA REG
Registered Specialty	-
Appointment	-
CPE Specialty	-

Category of Ad-hoc Events Credit Claim

Category	1A								
Type of Activity	Ad-hoc Events								
*Role	--Select Here--								
*Patient Care Subject	<input type="radio"/> No <input type="radio"/> Yes								
*Subject	--Select Here--								
*Type of Overseas Event	--Select Here--								
*Event Specialty	--Select Here--								
*Event Title	--Select Here--								
*Organiser	<input style="width: 100%;" type="text"/>								
*Country	--Select Here--								
*Venue	<input style="width: 100%;" type="text"/>								
*Event Start Date	<input type="text" value="01/12/2015"/>								
*Event End Date	<input type="text" value="03/12/2015"/> Refresh Duration								
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr><th style="width: 60%;">Date</th><th>*Duration</th></tr> </thead> <tbody> <tr><td>01/12/2015</td><td>--Select Here--</td></tr> <tr><td>02/12/2015</td><td>--Select Here--</td></tr> <tr><td>03/12/2015</td><td>--Select Here--</td></tr> </tbody> </table>		Date	*Duration	01/12/2015	--Select Here--	02/12/2015	--Select Here--	03/12/2015	--Select Here--
Date	*Duration								
01/12/2015	--Select Here--								
02/12/2015	--Select Here--								
03/12/2015	--Select Here--								
Speaker's Topic 1	<input style="width: 100%;" type="text"/> Add Speaker Topic								
Additional Remarks	<div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> (0/500)								

Proceed

Screen 17 – Submission Form for Category 1A (Grand Ward Rounds)

Complete the online form (Screen 17):

- 1) **Role** – Your role in the event. It is defaulted to “Participant”.
- 2) **Patient Care Subject** - Select whether the event is related to pharmaceutical (patient) care subject (“Yes”) or not (“No”)
- 3) **Subject** - Use the dropdown list to select the most relevant subject matter of the event. If there are no relevant subject matters in the list, select “Others” and enter the subject matter in the field
- 4) **Type of Event** - Use the dropdown list to select the most relevant type of event. If there are no relevant type of event in the list, select “Others” and enter the relevant type of event
- 5) **Specialty** - Use the dropdown list to select the most relevant specialty area of the event. If none are applicable, select “Others (Non-specialty)”
- 6) **Event Title** – Enter the title of the event
- 7) **Organiser** – Enter the name of event organiser
- 8) **Country** – Use the dropdown list to select the country which the event was held in.
- 9) **Venue** – Enter the venue of the event
- 10) **Event Start Date (dd/mm/yyyy)** – Enter the start date of the event
- 11) **Event End Date (dd/mm/yyyy)** – Enter the end date of the event and click [\[Refresh Duration\]](#) to populate the duration fields
- 12) **Event Duration** - Enter the duration for each day of the event
- 13) **Speaker’s Topic** – Field is not applicable for SPC
- 14) (Optional) **Additional Remarks** – Enter any additional remarks or information
- 15) Click on the [\[Proceed\]](#) button
- 16) Refer to “Upload of Supporting Documents” (Screen 25) for next steps

II) Type of Claim: Category 1C Claim

To submit for valid Overseas CE events, proceed with “1C” (Category) and “Overseas Events” (Type of Activity) selected.

Complete the online form (Screen 18):

- 1) **Role** – Your role in the event. It is defaulted to “Participant”.
- 2) **Patient Care Subject** - Select whether the event is related to pharmaceutical (patient) care subject (“Yes”) or not (“No”)
- 3) **Subject** - Use the dropdown list to select the most relevant subject matter of the event. If there are no relevant subject matters in the list, select “Others” and enter the subject matter in the field
- 4) **Type of Event** - Use the dropdown list to select the most relevant type of event. If there are no relevant type of event in the list, select “Others” and enter the relevant type of event
- 5) **Specialty** - Use the dropdown list to select the most relevant specialty area of the event. If none are applicable, select “Others (Non-specialty)”
- 6) **Event Title** – Enter the title of the event
- 7) **Organiser** – Enter the name of event organiser

- 8) **Country** – Use the dropdown list to select the country which the event was held in.
- 9) **Venue** – Enter the venue of the event
- 10) **Event Start Date (dd/mm/yyyy)** – Enter the start date of the event
- 11) **Event End Date (dd/mm/yyyy)** – Enter the end date of the event and click [\[Refresh Duration\]](#) to populate the duration fields
- 12) **Event Duration** - Enter the duration for each day of the event
- 13) **Speaker's Topic** – Field is not applicable for SPC
- 14) (Optional) **Additional Remarks** – Enter any additional remarks or information
- 15) Click on the [\[Proceed\]](#) button
- 16) Refer to “Upload of Supporting Documents” (Screen 26) for next steps

Category
Claim
Documents
Confirmation
Acknowledgement

Submission of CPE Claims

Note: All Fields marked with asterisk (*) are mandatory.

Registration Details

Registration No.	P02740E
Name	TEST PHA REG
Registered Specialty	-
Appointment	-
CPE Specialty	-

Category of Overseas Events Credit Claim

Category	1C	
Type of Activity	Overseas Events	
*Role	--Select Here--	
*Patient Care Subject	<input type="radio"/> No <input type="radio"/> Yes	
*Subject	--Select Here--	
*Type of Overseas Event	--Select Here--	
*Event Specialty	--Select Here--	
*Event Title	--Select Here--	
*Organiser	<input type="text"/>	
*Country	--Select Here--	
*Venue	<input type="text"/>	
*Event Start Date	<input type="text" value="01/12/2015"/>	<input type="button" value="Calendar"/>
*Event End Date	<input type="text" value="03/12/2015"/>	<input type="button" value="Calendar"/> <input type="button" value="Refresh Duration"/>
	Date	*Duration
	01/12/2015	--Select Here--
	02/12/2015	--Select Here--
	03/12/2015	--Select Here--
Speaker's Topic 1	<input type="text"/>	<input type="button" value="Add Speaker Topic"/>
Additional Remarks	<input style="width: 100%;" type="text"/>	
		(0/500)

Screen 18 – Submission Form for Category 1C

III) Type of Claim: Category 2A (Publications: Original Papers in Health-Related Journals)

To submit for publications of original papers, proceed with “2A” (Category) and “Journals” (Type of Activity) selected.

Category **Claim** Documents Confirmation Acknowledgement

Submission of CPE Claims

Note: All Fields marked with asterisk (*) are mandatory.

Registration Details

Registration No.	P02740E
Name	TEST PHA REG
Registered Specialty	-
Appointment	-
CPE Specialty	-

Category of Journals Credit Claim

Category	2A
Type of Activity	Journals
*Patient Care Subject	<input type="radio"/> No <input type="radio"/> Yes
*Subject	--Select Here--
Journal Type	--Select Here--
*Specialty	--Select Here--
*Journal Name	--Select Here--
*Paper Title	
*Role	--Select Here--
Publisher	
*Publication Year	
Publication Date	dd/mm/yyyy
Volume / Issue No	
Additional Remarks	<input type="text" value=""/>

Not Published

Proceed

Screen 19 – Submission Form for Category 2A (Journals Publications)

Complete the online form (Screen 19):

- 1) **Patient Care Subject** - Select whether the content of the publication is related to pharmaceutical (patient) care subject (“Yes”) or not (“No”)
- 2) **Subject** - Use the dropdown list to select the most relevant subject matter of the publication. If there are no relevant subject matters in the list, select “Others” and enter the subject matter in the field
- 3) **Journal Type** - Use the dropdown list to select the type of journal that the paper was published in (i.e. International, Local/Regional or Non-refereed)
- 4) **Specialty** - Use the dropdown list to select the most relevant specialty area of the paper. If none are applicable, select “Others (Non-specialty)”

- 5) **Journal Name** - Use the dropdown list to select the name to journal that the paper was published in. If the name is not available in the list, select “Others” and enter the journal name
- 6) **Paper Title** – Enter the title of the paper
- 7) **Role** – Your role in the paper. (i.e. Main Author or Co-author)
- 8) (Optional) **Publisher** – Enter the publisher name
- 9) **Publication Year** – Enter the year of publication of paper
- 10)(Optional) **Publication Date** – Enter the date of publication of paper
- 11)(Optional) **Volume/Issue No.** – Enter the volume or issue number of publication
- 12)(Optional) **Additional Remarks** – Enter any additional remarks or information
- 13) Click on the **[Proceed]** button
- 14) Refer to “Upload of Supporting Documents” (Screen 26) for next steps

IV) Type of Claim: Category 2B (Oral OR Poster Presentations)

To submit for oral presentation, proceed with “2B” (Category) and “Oral Presentation” (Type of Activity) selected.

Category
Claim
Documents
Confirmation
Acknowledgement

Submission of CPE Claims

Note: All Fields marked with asterisk (*) are mandatory.

Registration Details

Registration No.	P02740E
Name	TEST PHA REG
Registered Specialty	-
Appointment	-
CPE Specialty	-

Category of Oral Presentation Credit Claim

Category	2B
Type of Activity	Oral Presentation
*Patient Care Subject	<input type="radio"/> No <input type="radio"/> Yes
*Subject	--Select Here--
*Specialty	--Select Here--
*Presentation Title	<input type="text"/>
*Presentation Date	<input type="text" value="dd/mm/yyyy"/>
*Event Title	<input type="text"/>
*Venue	<input type="text"/>
*Country	--Select Here--
*Role	--Select Here--
Additional Remarks	<input style="width: 90%;" type="text" value=""/>

(0/500)

Screen 20 – Submission Form for Category 2B (Oral Presentation)

Complete the online form (Screen 20):

- 1) **Patient Care Subject** - Select whether the content of the presentation is related to pharmaceutical (patient) care subject (“Yes”) or not (“No”)
- 2) **Subject** - Use the dropdown list to select the most relevant subject matter of the presentation. If there are no relevant subject matters in the list, select “Others” and enter the subject matter in the field
- 3) **Specialty** - Use the dropdown list to select the most relevant specialty area of the presentation. If none are applicable, select “Others (Non-specialty)”
- 4) **Presentation Title** – Enter the title of the presentation
- 5) **Presentation Date** – Enter the date of the presentation
- 6) **Event Title** – Enter the title of the event which the presentation was given at
- 7) **Venue** – Enter the venue of the event which the presentation was given at
- 8) **Country** – Enter the country which the event was held in
- 9) **Role** – Your role in the presentation. (i.e. Speaker or Co-author)
- 10) (Optional) **Additional Remarks** – Enter any additional remarks or information
- 11) Click on the [\[Proceed\]](#) button
- 12) Refer to “Upload of Supporting Documents” (Screen 26) for next steps

To submit for poster presentation, proceed with “2B” (Category) and “Poster Presentation” (Type of Activity) selected.

Complete the online form (Screen 21):

- 1) **Patient Care Subject** - Select whether the content of the presentation is related to pharmaceutical (patient) care subject (“Yes”) or not (“No”)
- 2) **Subject** - Use the dropdown list to select the most relevant subject matter of the presentation. If there are no relevant subject matters in the list, select “Others” and enter the subject matter in the field
- 3) **Specialty** - Use the dropdown list to select the most relevant specialty area of the presentation. If none are applicable, select “Others (Non-specialty)”
- 4) **Presentation Title** – Enter the title of the presentation
- 5) **Presentation Date** – Enter the date of the presentation
- 6) **Event Title** – Enter the title of the event which the presentation was given at
- 7) **Venue** – Enter the venue of the event which the presentation was given at
- 8) **Country** – Enter the country which the event was held in
- 9) **Role** – Your role in the presentation. (i.e. Speaker or Co-author)
- 10) (Optional) **Additional Remarks** – Enter any additional remarks or information
- 11) Click on the [\[Proceed\]](#) button
- 12) Refer to “Upload of Supporting Documents” (Screen 26) for next steps

Category **Claim** Documents Confirmation Acknowledgement

Submission of CPE Claims

Note: All Fields marked with asterisk (*) are mandatory.

Registration Details

Registration No.	P02740E
Name	TEST PHA REG
Registered Specialty	-
Appointment	-
CPE Specialty	-

Category of Poster Presentation Credit Claim

Category	2B
Type of Activity	Poster Presentation
*Patient Care Subject	<input type="radio"/> No <input type="radio"/> Yes
*Subject	--Select Here--
*Specialty	--Select Here--
*Presentation Title	<input type="text"/>
*Presentation Date	dd/mm/yyyy
*Event Title	<input type="text"/>
*Venue	<input type="text"/>
*Country	--Select Here--
*Role	--Select Here--
Additional Remarks	<input type="text" value=""/>

(0/500)

Screen 21 – Submission Form for Category 2B (Poster Presentation)

V) Type of Claim: Category 3A (Reading OR Online Education)

To submit for reading done, proceed with “3A” (Category) and “Readings” (Type of Activity) selected.

Complete the online form (Screen 22):

- 1) **Patient Care Subject** - Select whether the content of the reading is related to pharmaceutical (patient) care subject (“Yes”) or not (“No”)
- 2) **Subject** - Use the dropdown list to select the most relevant subject matter of the reading. If there are no relevant subject matters in the list, select “Others” and enter the subject matter in the field
- 3) **Specialty** - Use the dropdown list to select the most relevant specialty area of the event. If none are applicable, select “Others (Non-specialty)”
- 4) **Name of Readings** - Use the dropdown list to select the most relevant publication title that the reading was read. If none are applicable, select “Others” and enter the publication title
- 5) **Topic / Title** – Enter the title of the reading

- 6) (Optional) **Publisher** – Enter the publisher name
- 7) **Publication Year** – Enter the year of publication of reading
- 8) (Optional) **Volume/Issue No.** – Enter the volume or issue number of publication
- 9) (Optional) **Page number** – Enter the page range of the reading in the publication (e.g. Page 4 to 10)
- 10) (Optional) **Additional Remarks** – Enter any additional remarks or information
- 11) Click on the **[Proceed]** button
- 12) Refer to “Upload of Supporting Documents” (Screen 25) for next steps

Category **Claim** Documents Confirmation Acknowledgement

Submission of CPE Claims

Note: All Fields marked with asterisk (*) are mandatory.

Registration Details

Registration No.	P02740E
Name	TEST PHA REG
Registered Specialty	-
Appointment	-
CPE Specialty	-

Category of Readings Credit Claim

Category	3A
Type of Activity	Readings
*Patient Care Subject	<input type="radio"/> No <input type="radio"/> Yes
*Subject	--Select Here--
*Specialty	--Select Here--
*Name of Readings	--Select Here--
*Topic / Title	
Publisher	
*Publication Year	
Volume / Issue No	
Page number	
Additional Remarks	<input type="text"/> (0/500)

Proceed

Screen 22 – Submission Form for Category 3A (Readings)

To submit for online education completed, proceed with “3A” (Category) and “Online / Offline Education Programmes” (Type of Activity) selected.

Complete the online form (Screen 23):

- 1) **Patient Care Subject** - Select whether the online education programme is related to pharmaceutical (patient) care subject (“Yes”) or not (“No”)
- 2) **Subject** - Use the dropdown list to select the most relevant subject matter of the reading. If there are no relevant subject matters in the list, select “Others” and enter the subject matter in the field
- 3) Check the box next to **Completed Self-assessment / Learning summary**

- 4) **CPE Points Awarded by Provider** – Enter the points accredited by the CPE accreditation bodies for the programme
- 5) **Specialty** - Use the dropdown list to select the most relevant specialty area of the event. If none are applicable, select “Others (Non-specialty)”
- 6) **Programme Provider** - Use the dropdown list to select the most relevant content provider of the online education programme. If none are applicable, select “Others” and enter the provider name
- 7) **Programme Title** – Enter the title of the online education programme
- 8) (Optional) **Author / Speaker** – Enter the author or speaker for the online education programme
- 9) (Optional) **URL** – Enter the website link / address which contains details of the online education programme
- 10) (Optional) **Additional Remarks** – Enter any additional remarks or information
- 11) Click on the **[Proceed]** button
- 12) Refer to “Upload of Supporting Documents” (Screen 25) for next steps

Category
Claim
Documents
Confirmation
Acknowledgement

Submission of CPE Claims

Note: All Fields marked with asterisk (*) are mandatory.

Registration Details

Registration No.	P02740E
Name	TEST PHA REG
Registered Specialty	-
Appointment	-
CPE Specialty	-

Category of Online/Offline Education Programmes Credit Claim

Category	3A
Type of Activity	Online/Offline Education Programmes
*Patient Care Subject	<input type="radio"/> No <input checked="" type="radio"/> Yes
*Subject	--Select Here-- ▾
<input type="checkbox"/> Completed Self-assessment / Learning summary	
*CPE Points Awarded by Provider	<input type="text"/>
*Specialty	--Select Here-- ▾
*Programme Provider	--Select Here-- ▾
*Programme Title	<input type="text"/>
Author / Speaker	<input type="text"/>
URL	<input type="text"/>
Additional Remarks	<input style="height: 40px;" type="text"/>

(0/500)

Screen 23 – Submission Form for Category 3A (Online Education)

VI) Type of Claim: Category 3B (Postgraduate Studies)

To submit for postgraduate studies, proceed with “3B” (Category) and “Post graduate Programmes” (Type of Activity) selected.

Category **Claim** Documents Confirmation Acknowledgement

Submission of CPE Claims

Note: All Fields marked with asterisk (*) are mandatory.

Registration Details

Registration No.	P02740E
Name	TEST PHA REG
Registered Specialty	-
Appointment	-
CPE Specialty	-

Category of Post graduate Programmes Credit Claim

Category	3B
Type of Activity	Post graduate Programmes
*Patient Care Subject	<input type="radio"/> No <input type="radio"/> Yes
*Subject	--Select Here--
*Title	<input type="text"/>
*Specialty	--Select Here--
*Organiser	<input type="text"/>
*Country	--Select Here--
*Venue	<input type="text"/>
*Date From	dd/mm/yyyy
*Date To	dd/mm/yyyy
*Duration	--Select Here--
Course Type	--Select Here--
Qualification Type	--Select Here--
Additional Remarks	<input type="text"/> (0/500)

Screen 24 – Submission Form for Category 3B (Post graduate Programmes)

Complete the online form (Screen 24):

- 1) **Patient Care Subject** - Select whether the content of the postgraduate study is related to pharmaceutical (patient) care subject (“Yes”) or not (“No”)
- 2) **Subject** - Use the dropdown list to select the most relevant subject matter of the postgraduate study. If there are no relevant subject matters in the list, select “Others” and enter the subject matter in the field
- 3) **Title** – Enter the title of the postgraduate programme

- 4) **Specialty** - Use the dropdown list to select the most relevant specialty area of the presentation. If none are applicable, select “Others (Non-specialty)”
- 5) **Organiser** – Enter the name of the awarding institution of the postgraduate programme
- 6) **Country** – Enter the country which the awarding institution resides in
- 7) **Venue**– Enter the venue which the postgraduate programme is conducted
- 8) **Date From** – Enter the commencement date of the year postgraduate programme
- 9) **Date to** – Enter the completion date of that year of study
- 10) **Duration** – Defaulted to 12 months
- 11) **Course Type** – Use the dropdown list to select whether the course is “Full-time” or “Part-Time”
- 12) (Optional) **Qualification Type** – Enter the type of qualification that the programme awards
- 13) (Optional) **Additional Remarks** – Enter any additional remarks or information
- 14) Click on the **[Proceed]** button
- 15) Refer to “Upload of Supporting Documents” (Screen 26) for next steps

VII) Upload of Supporting Documents

If the inputs all pass the required validation checks, the supporting documents submission form will be displayed as either Screen 25 (optional) or Screen 26 (mandatory):

- For Optional submission of additional documents (Refer to Screen 25)
 - a. **Document Title** - Use the dropdown list to select the most relevant type of document that you wish to upload. If there are no relevant document types in the list, select “Others” and enter the document type in the field
 - b. **File** – Select the document that you are uploading
 - i. Click on the **[Browse]** button.
 - ii. Select the **file to upload**.
 - iii. Click on the **[Open]** button.
 - iv. Click on the **[Attach]** button.
 - c. Uploaded file will be displayed under the “Documents Attached” table. You may click on the links to verify that the uploaded documents are correct. Incorrect documents can be deleted by clicking on the **[Delete]** button next to the attached document.

Screen 25 – Submission of Documents (Optional)

- For Mandatory submission of additional documents (Refer to Screen 26)
 - a. Refer to the documents needed under “Mandatory Documents” and select the files to upload:
 - i. Click on the **[Browse]** button.
 - ii. Select the **file to upload**.
 - iii. Click on the **[Open]** button.
 - iv. Click on the **[Attach]** button.
 - b. Uploaded file will be displayed under the “Documents Attached” table. You may click on the links to verify that the uploaded documents are correct. Incorrect documents can be deleted by clicking on the **[Delete]** button next to the attached document.
 - c. You may attach additional documents under “Supporting Documents”
 - i. **Document Title** - Use the dropdown list to select the most relevant type of document that you wish to upload. If there are no relevant document types in the list, select “Others” and enter the document type in the field
 - ii. **File** – Select the document that you are uploading
 1. Click on the **[Browse]** button.
 2. Select the **file to upload**.
 3. Click on the **[Open]** button.
 4. Click on the **[Attach]** button.

Screen 26 – Submission of Documents (Mandatory)

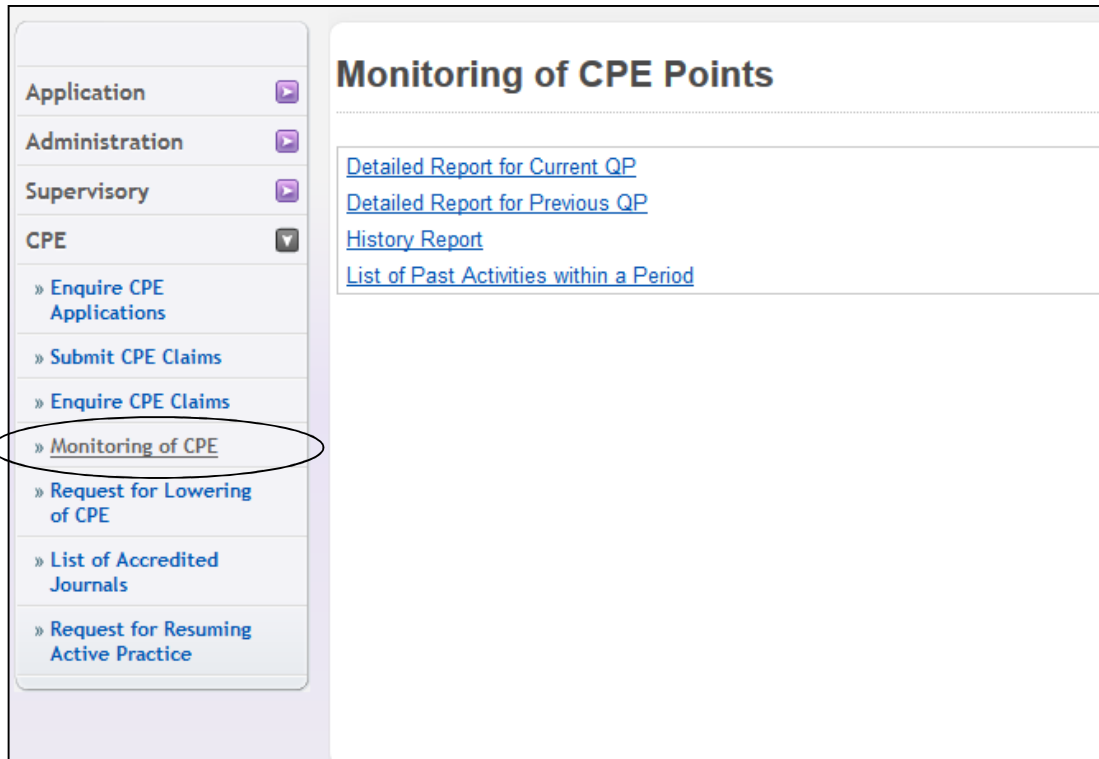
- Tip: You may click on the **[Claim]** link to return to the previous page to make changes, if necessary.
- Click **[Proceed]** button once all documents are uploaded to proceed to the confirmation and acknowledgement page.

B) Generate Personal CPE Reports

This function allows you to view/print your CPE points accumulated in the current and previous qualifying periods. You can also view/print your CPE summary report.

It will take about 2 to 4 weeks for CPE points to be reflected in the system for Cat 1B events. This is to allow CPE Providers some time to submit the attendance record online.

To generate CPE reports, click on “Monitoring of CPE” and the CPE report selection page will be displayed as shown in Screen 27.



Screen 27 – CPE Report Selection Page

To generate Personal CPE Reports (Current Qualifying Period)

To view the CPE report for the current qualifying period (QP), Click on [\[Detailed Report for Current QP\]](#) and the report will be displayed as shown in Screen 28.

Summary								
Qualifying Period (QP)								
QP Type	Time Frame	Note						
QP	01/09/2012 - 31/08/2014	-						
Points within QP								
Point Type	Min. Requirement	*Awarded Points	Meet Min. Requirement?	Shortfall				
Total CPE Points	50	11	No	39				
Patient Care Points	50	1	No	49				
*All the awarded points displayed above are <u>after cap points</u> (i.e. Points after applying day cap, event cap and category cap, if any). Notes: Total CPE Points = Patient Care Points + Non-Patient Care Points								
Breakdown of CPE Points by Category								
Category	Before Capping				After Capping			
	Patient Care Points	Specialty Points	Non-Patient Care Points	Total Awarded Points	Patient Care Points	Specialty Points	Non-Patient Care Points	Total Awarded Points
1A	1	0	6	7	1	0	6	7
1B	0	0	0	0	0	0	0	0
1C	0	0	0	0	0	0	0	0
2A	0	0	0	0	0	0	0	0
2B	0	0	0	0	0	0	0	0
3A	0	0	4	4	0	0	4	4
3B	0	0	0	0	0	0	0	0
#denotes capped points								
Click here for Capping Rules								
Approved Activities [+] [-]								
S/N	Date	Category	Activities Information	Patient Care Points	Specialty Points	Non-Patient Care Points	Total Points	
1	08/03/2013	3A	SPC20130308-3A-0043 Pharmaceutical Journal Online CPD-q	0	0	2	2	
2	11/01/2013	1A	SPC20130308-1A-0051 1A Grand Ward Rounds 24 Jan	1	0	0	1	
3	11/01/2013	1A	SPC20130308-1A-0052 u	0	0	1	1	
4	08/03/2013	1A	SPC20130308-1A-0055 Good Clinical Practice	0	0	1	1	
5	08/03/2013	3A	SPC20130308-3A-0042 American Association of Critical Care Nurses AACN Advanced Critical Care - s	0	0	1	1	
6	08/03/2013	3A	SPC20130308-3A-0044 Acute Pain (International Journal of Acute Pain Management) - Acute Pain (International Journal of Acute Pain Management)	0	0	1	1	
7	08/03/2013	1A	SPC20130308-1A-0054 Advance pharmacotherapy-Cardiology	0	0	1	1	
8	08/03/2013 - 08/03/2013	1A	SPC20130308-1A-0053 i	0	0	3	3	
#denotes capped points								
Rate this service								
<input type="button" value="Print"/> <input type="button" value="View Pending and Rejected Activities"/> <input type="button" value="Send CPE Enquiry"/>								

Screen 28 – Current QP CPE Report

- The report is broken down into three main tables
 - Top table shows the QP requirement, total awarded points and shortage
 - Middle table shows the full breakdown of each Category for the QP
 - Bottom table shows the list of approved claims for the QP
- To view the Capping rules, click on the [\[Click here for Capping Rules\]](#) link.
- To rate the service provided; click on the [\[Rate this service\]](#) link.
- To print the page displayed, click on the [\[Print\]](#) button.
- To send an enquiry for CPE, click on the [\[Send CPE Enquiry\]](#) button.

- To view the pending and rejected activities, click on the [\[View Pending and Rejected Activities\]](#) button. A pop up box will appear as shown in Screen 29

Pending and Rejected Activities							
Pending Activities							
S/N	Date	Category	Activities Information	Patient Care Points	Specialty Points	Non-Patient Care Points	Total Points
1	18/12/2012	1A	SPC20121218-1A-2889 ty	24	0	0	24
#denotes capped points							
Rejected Activities							
S/N	Date	Category	Activities Information	Patient Care Points	Specialty Points	Non-Patient Care Points	Total Points
1	18/12/2012	1C	SPC20121218-1C-2890 r	0	0	14	14
#denotes capped points							
<input type="button" value="Print"/>		<input type="button" value="Close"/>					

Screen 29 – Pending and Rejected Activities

To generate Summary CPE Reports

To view the summary CPE report, click on [\[History Report\]](#) and the report will be displayed as shown in Screen 30.

History Report													
Registration No.		P05002D											
Name		Testing											
Registered Specialty		-											
Appointment		Associate Professor (01/01/2001)											
CPE Specialty		-											
All the figures displayed are correct as of null.													
QP	Category							Min. Requirement			*Awarded Points		
	1A	1B	1C	2A	2B	3A	3B	Patient Care Points	Specialty Points	Total CPE Points	Patient Care Points	Specialty Points	Total CPE Points
03/10/2013-31/08/2014	2	1	2	0	0	1	0	15	0	22	2	0	6
* All the awarded points displayed above are <u>after cap points</u> (i.e. Points after applying day cap, event cap and category cap, if any).													
Rate this service													
<input type="button" value="Print"/>													

Screen 30 – Summary CPE Report

To list past CPE Activities within a Period

To generate a list of Past Activities within a Period, click on [\[List of Past Activities within a Period\]](#) and the landing page will be displayed as shown in Screen 31.

List of Past Activities within a Period

Note: All Fields marked with asterisk (*) are mandatory.

*Period From *To

Category Type of Activity

Activity Title QP

Approved Activities

S/N	QP	Date	Category	Activities Information	Patient Care Points	Specialty Points	Non-Patient Care Points	Total Points
#denotes capped points								
*Patient Care Points				-				
*Specialty Points				-				
*Non-Patient Care Points				-				
*Total CPE Points				-				

[Rate this service](#)

Screen 31 – List of Past Activities within a Period landing Page

To display a list of activities:

- 1) **Period From** - Enter the period start date required
- 2) **Period To** - Enter the period end date required
- 3) (Optional) **Category** – Select the CPE Category required
- 4) (Optional) **Type of Activity** – Select the CPE activity required
- 5) (Optional) **Activity Title** – Select the activity title required
- 6) (Optional) **QP** – Select the QP required
- 7) Click on the [\[Generate\]](#) button. Report will be displayed as shown in Screen 32

List of Past Activities within a Period

Note: All Fields marked with asterisk (*) are mandatory.

*Period From *To

Category Type of Activity

Activity Title QP

Approved Activities

S/N	QP	Date	Category	Activities Information	Patient Care Points	Specialty Points	Non-Patient Care Points	Total Points
1	01/09/2012 - 31/08/2014	11/01/2013	1A	SPC20130308-1A-0051_1A Grand Ward Rounds 24 Jan	1	0	0	1

#denotes capped points

*Patient Care Points				1				
*Specialty Points				0				
*Non-Patient Care Points				10				
*Total CPE Points				11				

*All the awarded points displayed above are after applying day.cap and event.cap ONLY (if any).

[Rate this service](#)

Screen 32 – List of Past Activities within a Period

C) Inactive Status and Resume Active Status Applications

I) Inactive Status Applications

If you meet the requirement for inactive status application (e.g. not working, working in non-pharmacy area or residing overseas), and you wish to apply for inactive status, you may submit an application online.

Before you proceed, please download and complete the “Declaration Form for Inactive Status” at SPC website (<http://www.spc.gov.sg>), under **[Forms & Publications]** (See Form 1). Once the form is completed, scan and save it.

PHARMACIST'S DECLARATION FORM FOR INACTIVE STATUS		
<p>To: Singapore Pharmacy Council 16 College Road #01-01 College of Medicine Building Singapore 169854 Phone : 6478 5068 Fax : 6478 5069 Email : enquiries@spc.gov.sg</p> <p>Name: _____ NRIC No: _____ PRN: _____ Tel No: (H) _____ (O) _____ (HP) _____ Home Address: _____ S () E-Mail Address : _____</p> <p>Dear Registrar,</p> <ul style="list-style-type: none"> • I wish to make a declaration of Inactive Status, and have my Continuing Professional Education (CPE) requirements lowered to 20 CPE points per Qualifying Period (QP). • I declare that I have ceased / will be ceasing active pharmacy practice / been residing overseas* with effect from _____ (DDMM/YYYY) to _____ (DDMM/YYYY) (please delete appropriately) • Employment status: <input type="checkbox"/> Not Working <input type="checkbox"/> Working <input type="checkbox"/> Residing overseas for at least a year <p><i>If you are working, do you apply the knowledge and science of pharmacy in:</i></p> <p>Yes No</p> <ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> Interpreting, evaluating and implementing prescriptions of persons authorised by law to prescribe medications <input type="checkbox"/> <input type="checkbox"/> Compounding, labelling, dispensing, distributing and administering medication <input type="checkbox"/> <input type="checkbox"/> Initiating and modifying medication therapy in accordance with the collaborative practice agreements established and approved by health care facilities or voluntary agreements with persons authorised by law to prescribe medication <input type="checkbox"/> <input type="checkbox"/> Patient assessment and counseling for the purpose of recommending and dispensing medication <input type="checkbox"/> <input type="checkbox"/> Managing medication therapy <input type="checkbox"/> <input type="checkbox"/> Evaluating medication use <input type="checkbox"/> <input type="checkbox"/> Manufacturing and distributing medicinal products <input type="checkbox"/> <input type="checkbox"/> Quality assurance of medicinal products <input type="checkbox"/> <input type="checkbox"/> Understanding the nature and form of drugs, its storage requirements and distribution, to ensure the integrity of the drug is maintained <input type="checkbox"/> <input type="checkbox"/> Monitoring the drugs' clinical or adverse effects (surveillance) or has influence over any aspects of the drug (including physical appearance, packaging presentation, etc) <input type="checkbox"/> <input type="checkbox"/> Handling the physical product at operational level e.g. in charge of stocks and its storage <p><small>Declaration Fees for Inactive Status (Jan 2013)</small></p>	<p>Employment Details :</p> <p>Organisation: _____ Address: _____ S () Designation: _____ Nature of Work: _____ _____ _____</p> <p>I undertake that in the event that I should resume active practice, I will inform the Council immediately. I would also have achieved 25 CPE points during the 12 months preceding the date of resuming active practice to qualify for the relevant type of practising certificate (PC).</p> <table border="1" style="margin-left: auto; margin-right: auto; text-align: center;"> <tr> <td> Normal PC (for practice in both patient care & non-patient care areas) Requires 25 CPE points with minimum 8 patient care points </td> </tr> </table> <p>Signature: _____ Date: _____ _____</p> <p style="text-align: center;">For Official Use</p> <p>Decision of Council: Type of Inactive Status: <input type="checkbox"/> Not Working <input type="checkbox"/> Non-Pharmacy Areas <input type="checkbox"/> Overseas Approved : <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks: _____ _____</p> <p>Verified by: _____ Date: _____ Approved by: _____ Date: _____</p> <p><small>Declaration Fees for Inactive Status (Jan 2013)</small></p>	Normal PC (for practice in both patient care & non-patient care areas) Requires 25 CPE points with minimum 8 patient care points
Normal PC (for practice in both patient care & non-patient care areas) Requires 25 CPE points with minimum 8 patient care points		

Form 1 – Declaration Form for Inactive Status

With the form saved, login in to the PRS, click on **[Request for Lowering of CPE]** and the inactive status application form will be displayed as shown in Screen 33.

To submit the application, complete the form:

- 1) **Reason** – Use the dropdown list to select the inactive status type that you are applying for
- 2) **Start Date** – Enter the date that you wish your inactive status to start
- 3) (Optional) **End Date** – Enter the date that you wish your inactive status to end+
- 4) (Optional) **Remarks** – Enter any additional information or remarks that may help with your application

+Note: Entering an end date does not automatically end your inactive status on that day. You are required to fulfill the resume active CPE requirement and make an online application to resume active status.

- 5) Upload **Mandatory Documents** (Declaration Form for Inactive Status)
 - a. Click on the **[Browse]** button
 - b. Select the **file to upload**
 - c. Click on the **[Open]** button
 - d. Click on the **[Attach]** button
- 6) (Optional) You may attach additional documents
 - a. **Document Title** - Use the dropdown list to select the most relevant type of document that you wish to upload. If there are no relevant document types in the list, select "Others" and enter the document type in the field
 - b. Click on the **[Browse]** button
 - c. Select the **file to upload**
 - d. Click on the **[Open]** button
 - e. Click on the **[Attach]** button
- 7) Check the **Declaration** box
- 8) Click **[Proceed]** button

The screenshot shows a web application interface for submitting a request for lowering of CPE. On the left is a navigation menu with 'Request for Lowering of CPE' selected. The main area is titled 'Application for Request for Lowering of CPE' and contains several sections:

- Registration Details:** A table showing 'Registration No. P02740E', 'Name TEST PHA REG', 'Registered Specialty -', 'Appointment -', and 'CPE Specialty -'.
- Form Fields:** Fields for '*Reason' (dropdown), '*Start Date' (calendar), 'End Date', and 'Remarks' (text area).
- SUPPORTING DOCUMENTS:** A section with a note: 'File must be in JPEG(.jpg or .jpeg), PDF (.pdf). Each file size must not exceed 1MB'.
- Mandatory Documents:** A section for uploading a 'Declaration' document, including a 'Document Title' dropdown and a 'File' upload button.
- Documents Attached:** A section showing 'No document attached.'
- Declaration:** A checkbox for 'I declare that the above information is true and accurate...'.
- Proceed:** A button at the bottom to submit the application.

Screen 33 – CPE Report Selection Page

If the inputs pass the required validation checks, the confirmation page will be displayed

II) Resume Active Status Applications

When you have fulfilled the resuming active CPE requirement (25 CPE points, inclusive of 8 pharmaceutical (patient) care points, achieved within 12 months), you may submit an online application to resume active status.

Before you proceed, please download and complete the “Declaration Form to resume Active Practice” at SPC website (<http://www.spc.gov.sg>), under **[Forms & Publications]** (See Form 1). Once the form is completed, scan and save it.

SINGAPORE PHARMACY COUNCIL
 15 College Road, College of Medicine Building, Singapore 119854
 Tel: (65) 6478 5068/65143 Fax: (65) 6478 5069
 Web: <http://www.spc.gov.sg> Email: enquiries@spc.gov.sg

DECLARATION TO RESUME ACTIVE PRACTICE FROM INACTIVE STATUS

• Appropriate CPE requirements must be met 12 months prior to the date of resuming Active Status:

CPE requirements	
Patient care points: 8 or more	Total CPE Points: 25

• Fees Payable for pharmacists (inactive status - not working) who wish to resume active practice:

Period when resuming work	1 January 2015 – 30 June 2015	1 July 2015 – 31 December 2015	1 January 2016 – 30 June 2016	1 July 2016 – 31 December 2016
Top up fee (S\$)	300	225	150	75

Personal Details

Name: _____
 NRIC / FIN Number: _____ Pharmacist Registration No. _____
 Tel (Home): _____ (Mobile): _____
 Email: _____
 Home Address: _____ Postal Code: _____
 Preferred Mailing Address: _____ Postal Code: _____

My Current Inactive Status:

Not Working Overseas Working in non pharmacy related sector

Activity Status Upon Resuming Active Practice:

I will be working: Full Time Part Time Not Working

Employment Sector:

Government Restructured Institution
 University Statutory Board
 Private Voluntary Welfare Organisation
 Other (specify): _____

Work Type:

Administration Medical / Dental Clinic
 Clinical Research Primary Health Care
 Consultancy Procurement & Distribution
 Health Information Services Regulatory Affairs / Compliance
 Hospital Research
 Locum Retail / Wholesale
 Manufacturing Teaching / Research
 Marketing Wholesale
 Other pharmaceutical field (specify) _____
 Non-pharmaceutical field (specify) _____

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Place of Work

Name of Organisation: _____
 Address: _____
 Postal Code: _____
 Tel (Office): _____ Ext: _____ Fax: _____
 Appointment: _____

Request for Resuming Active Practice

I wish to resume active status on _____ DDDMMYY
 I will make top-up fee payment of S\$ _____ by E-Net or Credit Card (online)

Signature _____ Date _____

For Official Use

Decision of Council: Approved Not Approved

CPE Points: Required Total: _____ Patient Care: _____
 Accumulated Total: _____ Accumulated Patient Care: _____
 Period: _____

Type of PC: Normal

Top up Fee: S\$ _____ Receipt No. _____ Date _____
 (For 0.5 / 1 / 1.5 / 2 years)

Verified by _____ Date _____ Approved by _____ Date _____

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SINGAPORE PHARMACY COUNCIL
 15 College Road #01-01 College of Medicine Building Singapore 119854
 Tel: (65) 6478 5068/65143 Fax: (65) 6478 5069
 Web: <http://www.spc.gov.sg> Email: enquiries@spc.gov.sg

Declaration of Fitness to Practise

Please provide the answers to the following questions, if applicable. If your answer is "Yes", please provide more information in space provided. If more space is required, please attach additional sheet to this declaration.

Since the last declaration or in the last 2 years, whichever is later:

- Have you ever suffered or are you suffering from any physical or mental illness which may impair your fitness to practise as a pharmacist, as certified by a registered medical practitioner? Yes / No

- Have you ever consulted a psychiatrist or are you currently undergoing treatment for psychiatric ailment? Yes / No

- Have you ever been the subject of an inquiry or proceedings by a professional body, licensing body, health authority or any law enforcement agency in Singapore or elsewhere? Yes / No

- Have you, at any time before the submission of this application, ever been convicted in a court of law in Singapore or elsewhere of any offence? Yes / No

- Has your registration application or renewal as a pharmacist outside Singapore (if applicable) been rejected, refused or otherwise requiring an appeal process? Yes / No

* please delete accordingly.

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DECLARATIONS BY APPLICANT

I declare that I did not practise in Singapore as a pharmacist nor engaged in any work that required an active pharmacy practising certificate, for the period of my inactive status from _____ to _____ (date of resuming active practice).

Listed below are details of my employer(s) and appointment(s) during this period:

Employer(s):

Appointment(s) & Job description(s):

I declare that the particulars stated in this application and the documents attached are true and authentic, and the information contained herein remains unchanged to date. To the best of my knowledge and belief, I have not withheld any material fact.

I acknowledge that the Singapore Pharmacy Council reserves all rights to withhold and/or terminate my registration and/or take any action it deems fit, if any of the above information or documents tendered is found subsequently to be false. I am also aware that it is a criminal offence to make any false statements, to provide any false information and/or document(s) to the Singapore Pharmacy Council. I also understand and give my consent for the Singapore Pharmacy Council to make any enquiries or obtain any information & documents that it deems appropriate to establish my fitness to practise.

I also authorise Singapore Pharmacy Council to release the information provided by me, to the Ministry of Health and such other parties where the Registrar deems essential for the purpose of their official duties under current legislations.

Name _____ Signature _____ NRIC/Passport/FIN No _____ Date _____

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Form 2 – Declaration Form to resume Active Practice

With the form saved, login in to the PRS, click on **[Request for Resuming Active Practice]** and the resume active status application form will be displayed as shown in Screen 34.

Screen 34 – Request for Resuming Active Practice Application

To submit the application, complete the form:

- 1) **Wish to Resume** – Check the box
- 2) **Start Date** – Enter the date that you wish your inactive status to start
- 3) **Lowered CPE (Inactive) End Date** – Enter the date that you wish your inactive status to end+
- 4) **Remarks** – Enter any additional information or remarks that may help with your application
- 5) Click **[Proceed]** button

If the inputs pass the required validation checks, the upload supporting document page (See Screen 35) will be displayed:

Screen 35 – Upload Supporting Document Page

- 1) Upload **Mandatory Documents** (Declaration Form to resume Active Practice)
 - a. Click on the **[Browse]** button
 - b. Select the **file to upload**
 - c. Click on the **[Open]** button
 - d. Click on the **[Attach]** button
- 2) (Optional) You may attach additional documents
 - a. **Document Title** - Use the dropdown list to select the most relevant type of document that you wish to upload. If there are no relevant document types in the list, select "Others" and enter the document type in the field
 - b. Click on the **[Browse]** button
 - c. Select the **file to upload**
 - d. Click on the **[Open]** button
 - e. Click on the **[Attach]** button
- 3) Click **[Proceed]** button