

## SINGAPORE PHARMACY COUNCIL

81 Kim Keat Road, #09-00, NKF Centre, Singapore 328836 Tel: (65) 6478 5068/67/66/65/63 Fax: (65) 6478 5069 Web: http://www.spc.gov.sg Email: SPC@spb.gov.sg

## APPLICATION FOR RESTORATION OF NAME ON REGISTER OF PHARMACISTS & PRACTISING CERTIFICATE

Appropriate CPE requirements must be met 12 months prior to the date of application of restoration: PC For Practice in Patient & Non patient care areas Patient care points: 8 or more Total CPE Points: 25 Fee payable: Restoration Fees : S\$250 **Practising Certificate** : S\$500 for 2 years or part thereof Incomplete forms will not be processed **Personal Details** Name: NRIC / FIN Number: \_\_\_\_\_ Pharmacist Registration No. \_\_\_\_\_ Tel (Home): \_\_\_\_\_ (Mobile): \_\_\_\_\_ Email: Home Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Preferred Mailing Address: Postal Code: **Activity Status Upon Restoration** I am working: Full Time Part Time Not Working **Employment** Government Restructured Institution Sector: University Statutory Board Voluntary Welfare Organisation Private Other (specify) \_ Work Type: Administration Primary Health Care Clinical Research **Procurement & Distribution** Consultancy Regulatory Affairs / Compliance Health Information Services Research Retail / Wholesale Hospital Manufacturing Teaching / Research Marketing Wholesale Medical / Dental Clinic Other pharmaceutical field (specify)

Non-pharmaceutical field (specify)

Organisation's Name:  Address:  Postal Code:  Tel: (Office) Ext:  Appointment:  Request for Restoration I wish to restore my name on the Register of Pharmacists and apply for a practising certificate.  I will make online payment of S\$  Signature  Date  For Official Use  Decision of Council:  Approved  Not Approved
Tel: (Office) Ext: Fax:
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Signature Date  For Official Use
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For Official Use
For Official Use
For Official Use
For Official Use
For Official Use
For Official Use
Decision of Council: Approved Not Approved
CPE Points: Required Total: Accumulated Total: Patient Care:
Type of PC:  Normal Inactive
PC Fee: S\$
(For 0.5 / 1 / 1.5 / 2 years)
Restoration Fee: S\$ Receipt No Date
Verified by Date Approved by Date