

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

Registrar Singapore Pharmacy Council 81 Kim Keat Road NKF Centre, Level 9 Singapore 328836

SINGAPORE PHARMACY COUNCIL (SPC) COMPETENCY EXAMINATION FORM

(For pre-reg pharmacists with foreign pharmacy qualifications)

Ι, _				, NRIC / FIN No		
	(Name)					
wis	sh to sit for the SPC Competency	Examination on	ination on(Date/month/year)			
Th	nis is my (<i>please tick</i>) 1st	2 nd	☐ 3 rd	attempt at the examination		
Ιa	m currently undertaking pre-regis	stration training a	at			
Ву	r filling up this form, I confirm (ple	ase tick):				
	that I would have completed at least 32 weeks of pre-registration training by the examination date (Note: not applicable to applicants whose training period is less than 39 weeks)					
	that I have read and understoo regulations stated therein	od the Guide to	the SPC Co	mpetency Examination and	the rules and	
	that I have not been refused entry to any examinations held by the Singapore Pharmacy Council					
Or	nline payment of Examination Fee	e (S\$300) is via	eNets / credi	t card (Visa or Mastercard)		
	Signature of Applicant			Da	te	
	Name and Signature of Pharmac	y Manager		Da	te	

Notes:

date.

• Confirmation of your examination registration status will be sent to you by e-mail. Please update your e-mail address with SPC office if you have changed your e-mail address.

Please submit the application online with signed copy of this form and payment at least 2 weeks before the exam

• No withdrawal of exams is permitted, unless your request is made by letter / e-mail at least 5 working days before the examination. The examination fees will be forfeited if the notice of withdrawal is made less than 5 working days before the examination.