

## PHARMACIST'S DECLARATION FORM FOR INACTIVE STATUS

To: Singapore Pharmacy Council  
16 College Road  
#01-01  
College of Medicine Building  
Singapore 169854  
Phone : 6478 5068      Fax : 6478 5069  
Email : [SPC@spb.gov.sg](mailto:SPC@spb.gov.sg)

Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_

PRN: \_\_\_\_\_ Tel No: (H) \_\_\_\_\_ (O) \_\_\_\_\_ (HP) \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ S (            )

E-Mail Address : \_\_\_\_\_

Dear Registrar,

- 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 \_\_\_\_\_ to \_\_\_\_\_  
(please delete appropriately)      (DD/MM/YYYY)      (DD/MM/YYYY)
- Employment status:  
 Not Working       Working       Residing overseas for at least a year

*If you are working, do you apply the knowledge and science of pharmacy in:*

Yes    No

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Interpreting, evaluating and implementing prescriptions of persons authorised by law to prescribe medications</i>  |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Compounding, labelling, dispensing, distributing and administering medication</i>  |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>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</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Patient assessment and counselling for the purpose of recommending and dispensing medication</i>   |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Managing medication therapy</i>  |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Evaluating medication use</i>  |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Manufacturing and distributing medicinal products</i>  |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Quality assurance of medicinal products</i>  |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Understanding the nature and form of drugs, its storage requirements and distribution, to ensure the integrity of the drug is maintained</i>   |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Monitoring the drugs' clinical or adverse effects (surveillance) or has influence over any aspects of the drug (including physical appearance, packaging presentation, etc)</i>  |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Handling the physical product at operational level e.g. in charge of stocks and its storage</i>  |

**Employment Details :**

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_S ( )

Designation: \_\_\_\_\_

Nature of Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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):

|  |
|--|
| <b><u>Normal PC</u></b><br><b>(for practice in both patient care &amp; non-patient care areas)</b> |
| Requires 25 CPE points with minimum 8 patient care points  |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Official Use**

**Decision of Council:**

Type of Inactive Status:     Not Working     Non-Pharmacy Areas     Overseas  
Approved :                     Yes                     No

Remarks: \_\_\_\_\_

\_\_\_\_\_

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_