

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 : enquiries@spc.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>Handing 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):

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

Signature: _____ Date: _____

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: _____