



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

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 (\$)	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:

<input type="checkbox"/>	Government	<input type="checkbox"/>	Restructured Institution
<input type="checkbox"/>	University	<input type="checkbox"/>	Statutory Board
<input type="checkbox"/>	Private	<input type="checkbox"/>	Voluntary Welfare Organisation
<input type="checkbox"/>	Other (<i>specify</i>) _____		

Work Type:

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

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 _____.
DDMMYYYY

I will make top- up fee payment of S\$ _____ by E-Nets 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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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:

1. 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***

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

3. 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***

4. 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***

5. 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.

