



SINGAPORE PHARMACY COUNCIL

16 College Road, College of Medicine Building, Singapore 169854
Tel: (65) 6478 5068/67/66/63 Fax: (65) 6478 5069
Web: <http://www.spc.gov.sg> Email: enquiries@spc.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.

