



# SINGAPORE PHARMACY COUNCIL

16 College Road #01-01 College of Medicine Building Singapore 169854  
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## Declaration of Fitness to Practise

As a Pharmacist (Full/Conditional/Temporary/Specialist)  
or Pre-Registration Pharmacist (Foreign Pharmacist/ Pharmacy Graduates)

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.

**DECLARATIONS BY APPLICANT**

I declare that the particulars stated in this application and the documents attached are true and authentic, and the information contained herein remains unchanged to date. To the best of my knowledge and belief, I have not withheld any material fact.

I acknowledge that the Singapore Pharmacy Council reserves all rights to withhold and/or to terminate my registration and/or take any action it deems fit, if any of the above information or documents tendered is found subsequently to be false. I am also aware that it is a criminal offence to make any false statements, to provide any false information and/or document(s) to the Singapore Pharmacy Council. I also understand and give my consent for the Singapore Pharmacy Council to make any enquiries or obtain any information & documents that it deems appropriate to establish my fitness to practise.

I also authorise Singapore Pharmacy Council to release the information provided by me, to the Ministry of Health and such other parties where the Registrar deems essential for the purpose of their official duties under current legislations.

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Name	Signature	NRIC/Passport/FIN No	Date
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