

**LETTER OF UNDERTAKING**

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| **Section 1 : To be completed by the Pre-Registration Pharmacist** | | | |
| Name of Pre-Registration Pharmacist | Employer / Approved Training Centre | Email | Mobile No. |
| **A. Pre-Registration Training Details (Please tick where applicable)** | | | |
| **(i) Pre-Employment Clinical Training (PECT)** | | | |
| * Group A Rotation 1 (May – Aug) | * Group A Rotation 2 (Aug – Nov) | * Group B Rotation 1 (Nov – Feb) | * Group B Rotation 2 (Feb – May) |
| **(ii) Local Pre-Registration Pharmacist** | | | |
| * Rotation 3   (Jun – Sep) | **Type of Rotation**:   * Acute / Inpatient * Ambulatory / SOC * Primary Health / Community | * Rotation 4   (Sep – Dec) | **Type of Rotation**:   * Acute / Inpatient * Ambulatory / SOC * Primary Health / Community |
| **(iii) Foreign Trained Pharmacist / Pharmacy Graduate** | | | |
| Duration of Pre-Registration Training | * Minimum 3 months * Minimum 12 months | Start Date | Earliest End Date |
| **B. Declaration** | | | |
| I authorise SPC to release the evaluation data provided by the named preceptor stated below, to my preceptors in the subsequent rotations and such other parties where the Registrar deems essential, for the purpose of completing the SPC’s evaluation form. | | | |
| Signature of Pre-Registration Pharmacist |  | Date |  |

Please email completed form to [SPC@spb.gov.sg](mailto:SPC@spb.gov.sg). Page 1 of 2

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| **Section 2 : To be completed by Preceptor / Supervisor** | | | |
| **A. Undertaking by Preceptor / Supervisor** | | | |
| 1. I am a fully registered pharmacist with a valid practising certificate. 2. I have 3 or more years of full time experience in the field relevant to my current practice. 3. I have attended the preceptor training recognised by Singapore Pharmacy Council (SPC). Year: \_\_\_\_\_\_\_\_\_\_ 4. I am responsible to give adequate supervision and guidance to my pre-registration pharmacist during his / her training under my supervision. 5. I am responsible to oversee and sign / countersign the learning log submitted by my pre-registration pharmacist. 6. I will have regular sessions for feedback / interaction with my pre-registration pharmacist. 7. I will submit the online assessment with the necessary documents uploaded within the timeline stipulated by SPC. 8. I will inform SPC of any incidents that are deemed important in terms of unsatisfactory behaviour or performance of the pre-registration pharmacist at the soonest possible or at deemed appropriate times. 9. I will keep SPC informed of any changes of the supervisor and provide the details of the preceptor / supervisor, if applicable. | | | |
| **B. Particulars of Preceptor / Supervisor** | | | |
| Name of Preceptor | Organisation & Branch/ Department | Designation | Pharmacist Registration Number (PRN) |
| Signature of Preceptor | Date | Email (office) | Mobile No.  Office No. |

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