

By Fax : 6478 5069

Date :

To : Singapore Pharmacy Council
81 Kim Keat Road #09-00
NKF Centre
Singapore 328836

Re : Preceptor for Pre-Registration Pharmacist

I am the preceptor for the following pre-registration pharmacist undergoing training from

_____ to _____:

DD/MM/YYYY

DD/MM/YYYY

Name of Pre - Registration Pharmacist : _____

NRIC / FIN No: _____ Registration Number: PP _____

Signature of Preceptor Name & Designation PRN Email address

Name of Organisation Department / Branch

Contact Number (Preceptor) : _____ (O) _____ (mobile)

Date : _____

Please fax the this form to the SPC (65 - 64785069)