



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

Registrar
Singapore Pharmacy Council
81 Kim Keat Road
NKF Centre, Level 9
Singapore 328836

SINGAPORE PHARMACY COUNCIL (SPC) COMPETENCY ASSESSMENT FORM

(For pre-reg pharmacists with NUS pharmacy qualifications)

I, _____, NRIC / FIN No. _____
(Name)

wish to sit for the SPC Competency Assessment on _____
(dd/mm/yyyy)

This is my (*please tick*) 1st 2nd 3rd attempt at the assessment.

I am currently undertaking pre-registration training at _____

By filling up this form, I confirm (*please tick*):

- that I would have completed *at least 32 weeks* of pre-registration training by the assessment date
(Note: not applicable to applicants whose training period is *less than 39 weeks*)
- that I have read and understood the Guide to the SPC Competency Examination and the rules and regulations stated therein
- that I have not been refused entry to any examinations held by the Singapore Pharmacy Council

Signature of Applicant

Date

Name and Signature of Pharmacy Manager

Date

*Please submit the application online with signed copy of this form **at least 2 weeks before the assessment date.***

Notes:

- Confirmation of your assessment registration status will be sent to you by e-mail. Please update your e-mail address with SPC office if you have changed your e-mail address.
- No withdrawal of assessments is permitted, unless your request is made by letter / e-mail at least 5 working days before the assessment.