SINGAPORE PHARMACY COUNCIL

16 College Road, #01-01 College of Medicine Building, Singapore 169854
Tel : (65) 6478 5068/67/66/65/63 Fax : (65) 6478 5069
Web : www.spc.gov.sg Email : enquiries@spc.gov.sg

APPLICATION FORM FOR SPECIALIST REGISTRATION

IMPORTANT NOTE FOR APPLICANT:

Complete this application form and submit it along with the Certificate of Accreditation by the Pharmacy Specialist Accreditation Board. The processing fee is S$500.00. For payment by cheque, the cheque should be crossed and made payable to "Singapore Pharmacy Council".

Particulars of Applicant:

Full Name as shown in NRIC/ Passport (Please underline Family Name)

NRIC Number / FIN Number:

Pharmacist Registration Number:

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I would like to apply to be registered as a specialist in the following specialty (please choose one):

- ☐ Advanced Pharmacotherapy (Cardiology)
- ☐ Advanced Pharmacotherapy (Geriatrics)
- ☐ Advanced Pharmacotherapy (Infectious Diseases)
- ☐ Advanced Pharmacotherapy (Psychiatry)
- ☐ Oncology Pharmacy

_____ _____

Signature of Pharmacist Date

FOR OFFICIAL USE

Specialty : _____

☐ Approved ☐ Not Approved

Verified by : _____ Date : _____

Approved by : _____ Date : _____

☐ Cheque ☐ Cash	Cheque No: _____ Registration Fee: S$ 500.00 Certificate printed on: _____ Certificate No. : _____	Receipt No.: _____ Date : _____ Processed by: _____