



SINGAPORE PHARMACY COUNCIL

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Web: <http://www.spc.gov.sg> Email: SPC@spb.gov.sg

APPLICATION FORM FOR SPECIALIST REGISTRATION

IMPORTANT NOTE FOR APPLICANT:

Complete this application form and upload it online together with the Certificate of Specialist Accreditation by the Pharmacy Specialist Accreditation Board (PSAB). Please submit a completed declaration of fitness form and make online payment of S\$500.00 (one-time payment) via credit card (Visa or Mastercard).

Particulars of Applicant:

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

NRIC Number / FIN Number:

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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):

- Cardiology Pharmacy
- Critical Care Pharmacy
- Geriatric Pharmacy
- Infectious Diseases Pharmacy
- Paediatric Pharmacy
- Psychiatric Pharmacy
- Oncology Pharmacy

Signature of Pharmacist

Date

FOR OFFICIAL USE

Verified by : _____ Date : _____

Approved by : _____ Date : _____

Online Payment

Registration Fee: S\$ 500.00

Certificate printed on: _____

Certificate No. : _____

Receipt No.: _____

Date : _____

Processed by: _____