



SINGAPORE PHARMACY COUNCIL

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APPLICATION FOR RESTORATION OF NAME ON REGISTER OF PHARMACISTS & PRACTISING CERTIFICATE

- Appropriate CPE requirements must be met 12 months prior to the date of application of restoration:

PC For Practice in Patient & Non patient care areas
Patient care points: 8 or more Total CPE Points: 25

- Fee payable: Restoration Fees : S\$250
Practising Certificate : S\$500 for 2 years or part thereof
- Incomplete forms will not be processed

Personal Details

Name: _____

NRIC / FIN Number: _____ Pharmacist Registration No. _____

Tel (Home): _____ (Mobile): _____

Email: _____

Home Address: _____

_____ Postal Code: _____

Preferred Mailing Address: _____

_____ Postal Code: _____

Activity Status Upon Restoration

I am working: Full Time Part Time Not Working

Employment Sector:

<input type="checkbox"/> Government	<input type="checkbox"/> Restructured Institution
<input type="checkbox"/> University	<input type="checkbox"/> Statutory Board
<input type="checkbox"/> Private	<input type="checkbox"/> Voluntary Welfare Organisation
<input type="checkbox"/> Other (<i>specify</i>) _____	

Work Type:

<input type="checkbox"/> Administration	<input type="checkbox"/> Primary Health Care
<input type="checkbox"/> Clinical Research	<input type="checkbox"/> Procurement & Distribution
<input type="checkbox"/> Consultancy	<input type="checkbox"/> Regulatory Affairs / Compliance
<input type="checkbox"/> Health Information Services	<input type="checkbox"/> Research
<input type="checkbox"/> Hospital	<input type="checkbox"/> Retail / Wholesale
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Teaching / Research
<input type="checkbox"/> Marketing	<input type="checkbox"/> Wholesale
<input type="checkbox"/> Medical / Dental Clinic	
<input type="checkbox"/> Other pharmaceutical field (<i>specify</i>) _____	
<input type="checkbox"/> Non-pharmaceutical field (<i>specify</i>) _____	

Place of Work

Organisation's Name: _____

Address: _____

_____ Postal Code: _____

Tel: (Office) _____ Ext: _____ Fax: _____

Appointment: _____

Request for Restoration

I wish to restore my name on the Register of Pharmacists and apply for a practising certificate.

I will make payment of S\$ _____ by

Cash

Cheque* No. _____ dated _____

Signature

Date

** Cheque made payable to "Singapore Pharmacy Council"*

For Official Use

Decision of Council: Approved Not Approved

CPE Points: Required Total: _____ Accumulated Total: _____ Patient Care: _____

Type of PC: Normal Inactive

PC Fee: S\$ _____ Receipt No. _____ Date _____
(For 0.5 / 1 / 1.5 / 2 years)

Restoration Fee: S\$ _____ Receipt No. _____ Date _____

Verified by Date

Approved by Date