SINGAPORE PHARMACY COUNCIL

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

SINGAPORE PHARMACY COUNCIL (SPC) COMPETENCY EXAMINATION FORM

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

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

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

I am currently undertaking pre-registration training at _____

_____

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

- ☐ that I would have completed *at least 42 weeks* of pre-registration training by the examination date (note: not applicable to applicants whose training period is *less than 40 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

The Examination Fee of S$300 paid by cheque _____
(Bank name & Cheque number)

Dated _____ is enclosed.
(dd/mm/yyyy)

_____
Signature of Applicant Date

_____
Name and Signature of Pharmacy Manager Date

Please submit the original signed copy of this form and payment ***at least 2 weeks before the exam date****.*

You may either:
1. Make an appointment to see the staff in SPC office, with cash or cheque payment; OR

2. Mail the form with cheque payment to: Singapore Pharmacy Council, 81 Kim Keat Road, Level 9, NKF Centre, Singapore 328836

Note:

- *Cheque should be crossed 'A/C Payee Only" and made payable to '****Singapore Pharmacy Council****'.*
- *Confirmation of your examination registration status will be sent to your preferred mailing address. Please update your mailing address with SPC office if you have changed your address.*