



SINGAPORE PHARMACY COUNCIL

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APPLICATION / RENEWAL OF PHARMACIST'S PRACTISING CERTIFICATE

Note: Fees payable for application/renewal of practising certificate (PC) are as follow:

Duration of PC	01/01/2009 - 31/12/2010	01/07/2009 - 31/12/2010	01/01/2010 - 31/12/2010	01/07/2010 - 31/12/2010
Fees payable	S\$400.00	S\$300.00	S\$200.00	S\$100.00

1. **Late renewal fees** of \$75.00 and \$200.00 will apply if payment is made within one month prior to, or after the expiry date of the practising certificate respectively.
2. **For renewal of PC**, appropriate CPE requirements must be met.
3. **For new registration and PC application**, please attach with Pharmacist Registration form.
4. **For Inactive status PC renewal**, please attach with Inactive Status Declaration form.
5. **Incomplete forms** will not be processed.

Personal Details

Name: _____

NRIC / FIN Number: _____ Pharmacist Registration No. (PRN): _____

Tel (Home): _____ (Mobile): _____ Fax: _____

Email: _____

Home Address: _____

Postal Code: _____

Preferred Mailing Address: _____

Postal Code: _____

Activity Status

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"/>	Medical / Dental Clinic
<input type="checkbox"/>	Clinical Research	<input type="checkbox"/>	Primary Health Care
<input type="checkbox"/>	Consultancy	<input type="checkbox"/>	Procurement & Distribution
<input type="checkbox"/>	Health Information Services	<input type="checkbox"/>	Regulatory Affairs / Compliance
<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Research
<input type="checkbox"/>	Locum	<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"/>	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: _____

Email: _____

Appointment: _____

Payment Mode

I will make my payment of S\$ _____ by

Cash GIRO* E-Nets (online)

Cheque** No. _____ dated _____

Signature

Date

**Please attach GIRO form for first-time application*

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

For Official Use

CPE Points: Required Total: _____ Accumulated Total: _____ Patient Care: _____
(Required for PC renewal)

Type of PC: Normal Non-patient care Inactive

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

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

Verified by Date

Approved by Date