



SINGAPORE PHARMACY COUNCIL

16 College Road, College of Medicine Building, Singapore 169854
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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	PC For Practice in Non-Patient Care Areas Only
Patient care points: 8 or more Total CPE Points: 25	Patient care points: Less than 8 Total CPE Points: 25

The above CPE Requirements are applicable for restoration on and after 1 Jan 2011.

- Fee payable: Restoration Fees : S\$250
Practising Certificate : S\$400 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"/>	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: _____

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 E-Nets (online)

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 Non-patient care 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 _____