



SINGAPORE PHARMACY COUNCIL

c/o Secretariat of healthcare Professional Boards (SPB)

81 Kim Keat Road #10-00 Singapore 328836

Email: SPC@spb.gov.sg Website: <https://www.spc.gov.sg>

SINGAPORE PHARMACY COUNCIL (SPC) COMPETENCY ASSESSMENT FORM

I, _____, PP No. _____
(Name)

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

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

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

- ☐ that I would have completed at least 32 weeks of pre-registration training by the assessment date
(Note: not applicable to applicants whose training period is less than 39 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.

Signature of Applicant

Date

Please submit the application online with a signed copy of this form **at least 2 weeks before the assessment date**.

Notes:

- Confirmation of your assessment registration status will be sent to you by email. Please update your email address with SPC if you have changed your email address.
- No withdrawal of assessments is permitted, unless your request is made by email at least 5 working days before the assessment.