

**PRE-REGISTRATION TRAINING  
REGISTRATION EXAMINATION ENTRY FORM**

I confirm that I .....(full name, block capitals)  
wish to enter the examination to register as a pharmaceutical chemist to be held  
on:.....(date of examination)

**I enclose with this form**

- Two passport-size photographs (stapled to this form at its top left corner), each bearing on the reverse side the following hand-written declaration of the pre-registration tutor, "I certify that this is a true likeness of (trainee's name)" and signed and dated by the pre-registration tutor.
- Examination fee (check website for amount due) cheque payable to "Pharmaceutical Society of Northern Ireland" (PSNI) *Please note a late submission incurs a penalty fee (check website for amount) which should be included with the application.*

*N.B. Your 39th week appraisal must be with the Society before you sit the examination.*

Please write in the space provided the following words **in your normal handwriting**

"I have read, fully understand and agree to be bound by the regulations for the Society's registration examination"

.....  
.....

**Signed:**.....

**DECLARATION BY TUTOR**

I witness the above declaration by my trainee and confirm that:

(Trainee's full name, block capitals).....

will have completed 45 weeks from the commencement date of his/her pre-registration training in accordance with the Regulations for pre-registration experience by ..... (insert date)

Signed:.....

Full Name:..... (block capitals)

Send this form and enclosures to the Pharmaceutical Society of Northern Ireland, 73 University Street, Belfast BT7 1HL (we advise that you send these by recorded delivery and keep safe your official record of posting for use, if necessary, as proof of dispatch). In the space below please print the postal address where your ratified entry form and your examination number should be sent:

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.....  
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