

PRE-REGISTRATION TRAINING

DECLARATION

PRE-REGISTRATION TRAINEE'S NAME IN FULL (*Please print*)

.....

TO: THE REGISTRAR
PHARMACEUTICAL SOCIETY OF NORTHERN IRELAND

I (Tutor's name in full, *Please print*)

.....

Being the Tutor for the Pre-registration Experience undertaken at the following establishment (s)

.....

.....

HEREBY DECLARE THAT

(Trainee's name in full).....

of (Address).....

.....

- i. Has demonstrated competence appropriate to a registered pharmacist in the Performance Standards required by the Pharmaceutical Society of Northern Ireland that have been completed at 26 weeks
- ii. Has a professional attitude and sense of responsibility sufficient for a registered pharmacist
- iii. Will have completed a period totalling 26 calendar weeks of pre-registration training

From To (*insert dates of full training period*)

- iv. In my opinion, is able to apply in practice knowledge of the law relating to the practice of pharmacy and is a fit and proper person to be registered as a pharmaceutical chemist.

DATE..... TUTOR'S SIGNATURE.....