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 all of the Performance Standards required by the Pharmaceutical Society of Northern Ireland
ii. Has a professional attitude and sense of responsibility sufficient for a registered pharmacist
iii. Will have completed a period totalling 52 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……..