

**PRE-REGISTRATION TRAINING  
DECLARATION**

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

TO: **THE REGISTRAR  
PHARMACEUTICAL SOCIETY OF NI**

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) \_\_\_\_\_

TRAINEE'S ADDRESS \_\_\_\_\_  
\_\_\_\_\_

- i. Has demonstrated competence appropriate to a registered pharmacist in all of the Performance Standards required by the Pharmaceutical Society of NI
- ii. Has a professional attitude and sense of responsibility sufficient for a registered pharmacist
- iii. Will have completed a period totalling one full calendar year 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 \_\_\_\_\_