

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

I confirm that I:

(FULL NAME, INCLUDING YOUR MIDDLE NAME(S) IF APPLICABLE, IN BLOCK CAPITALS)

wish to enter the examination to register as a pharmaceutical chemist to be held in JUNE / OCTOBER
(Delete as appropriate)

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)". This **must** be signed and dated by the pre-registration tutor.
- Examination fee (check website for amount due) cheque payable to "Pharmaceutical Society NI"
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 Pharmaceutical Society before you sit the examination.

By signing below you are confirming the following:

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

Signed:

DECLARATION BY TUTOR

I witness the above declaration by my trainee (named on this form) and confirm that they will have completed a satisfactory **45 weeks (or be in their 45th week of pre-registration training)** from the commencement date of his/her pre-registration training in accordance with the Regulations for pre-registration experience by the date of the Registration Examination they have chosen to sit.

Signed:

FULL NAME: (BLOCK CAPITALS)

Send this form and enclosures to the **Pharmaceutical Society NI, 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). Your ratified entry form/examination number will be posted to the address that is held for you, if you wish it to be sent to an alternative address please provide details below:

