

**CHECKLIST OF ITEMS TO BE SUBMITTED BY PRE-REGISTRATION TRAINEE IN SUPPORT OF AN APPLICATION TO REGISTER IN 2019**

**PRINT IN BLOCK CAPITALS:** Surname of Trainee: \_\_\_\_\_

First Names of Trainee: \_\_\_\_\_ Title of Trainee: \_\_\_\_\_

**1. The following documentation must be RECEIVED by the Pharmaceutical Society no later than two weeks before your registration date (you will register on the anniversary of your start date) to ensure registration on the anticipated date.**

(TICK THE BOX TO INDICATE ITEM ENCLOSED OR COMPLETE AS NECESSARY)

New Registrant Form	
Fee (check on website)	
Final appraisal AND all grades MUST be 1 or 2	
Final Declaration	
<b>Certificate</b> generated from NICPLD website as evidence of course attendance/completion	

**2. NICPLD online certificate with evidence of having completed the following:**

(TICK THE BOX TO INDICATE COMPLETED/ATTENDED & ENCLOSED CERTIFICATE)

Supporting Professional Practice	
Law & Ethics (1 day)	
Basic and Emergency First Aid	
Controlled Drugs – Striking a balance	
Responsible Pharmacist	
Patient Medication Review and Records	
Patient Safety: - High Risk Medicines: Insulin	
- High Risk Medicines: Opioids	
- High Risk Medicines: Oral anticoagulants	
- Medical Calculations	
- Medication Incidents	
Minor Ailments: - CNS	
- Eyes, ears and oral health	
- GI	
- Infections and infestations	
- Respiratory	
- Skin	
- Urogenital	

**3. The following must have been submitted/completed as required during the training year**

(TICK THE BOX TO INDICATE ITEM ALREADY SUBMITTED)

26 Week Declaration (if 6 months training in hospital)	
E-portfolio (completed)	
Degree certificate - certified copy submitted to office	

**4. Questionnaires on pre-registration training and tutor performance**

(TICK THE BOX TO INDICATE COMPLETED ONLINE)

Review of Pre-registration Training	
Tutor Performance	

**Signature of trainee:** \_\_\_\_\_ **Date:** \_\_\_\_\_