

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 AUGUST 2020.

I confirm that :

- I have registered at the Pharmaceutical Society NI's website for my preferred venue
- I have paid the required application fee
- I will have submitted my 39 week appraisal via the reflective e-portfolio

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 as per Chapter 10 in the Pre-registration Training Manual and Standards for Pre-registration Training."

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)

SUBMISSION OF FORM

Please email your completed application form to: pre-registration@psni.org.uk

Applications must be received by Friday 10 July 2020