

**LETTER OF UNDERTAKING**

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| **Section 1 : To be completed by the Pharmacist on Conditional Registration** | | | |
| **A. Particulars of Pharmacist on Conditional Registration** | | | |
| Name of Pharmacist on Conditional Registration | Employer / Approved Training Centre | Email | Mobile No. |
| Duration of Conditional Registration | Minimum 1 year | Start Date | End Date |
| **B. Declaration** | | | |
| I authorise SPC to release the evaluation data provided by the named supervisor stated below and such other parties where the Registrar deems essential. | | | |
| Signature of Pharmacist on Conditional Registration |  | Pharmacist Registration Number (PRN) | Date |

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| **Section 2 : To be completed by Supervisor** | | | |
| **A. Undertaking by Supervisor** | | | |
| 1. I am a fully registered pharmacist with a valid practising certificate. 2. I have 3 or more years of full time experience in the field relevant to my current practice. 3. I have read and understand the role of supervisor and the SPC Supervisory Framework and hereby, undertake to comply with the following:    1. I am responsible to give adequate supervision and guidance to my supervisee during his / her registration under my supervision.    2. I am responsible to oversee and monitor the performance of my supervisee.    3. I will have regular sessions for feedback / interaction with my supervisee.    4. I will submit the online assessment within the timeline stipulated by SPC. 4. I will inform SPC of any incidents that are deemed important in terms of unsatisfactory behaviour or performance of the pharmacist at the soonest possible or at deemed appropriate times. 5. I will keep SPC informed of any changes of the supervisor and provide the details of the preceptor / supervisor, if applicable. | | | |
| **B. Particulars of Supervisor** | | | |
| Name of Supervisor | Organisation & Branch/ Department | Designation | Pharmacist Registration Number (PRN) |
| Signature of Supervisor | Date | Email (office) | Mobile No.  Office No. |