**Faculty of Pharmaceutical Medicine**

**Revalidation Programme Registration Pack**

**Checklist of Items to be returned to the Faculty**

**Name:**

|  |  |  |
| --- | --- | --- |
| **Checklist of Items to be returned** | | **Complete √** |
| 1 | Revalidation Agreement |  |
| 2 | Form/s R1 signed by current employer/s and / or contracting organisation/s |  |
| 3 | Form/s R2 signed by previous employer/s and / or contracting organisation/s (if applicable) |  |
| 4 | Form/s R3 – Data Protection Act 1998 waiver signed by yourself (relating to employers and contracting organisation/s) |  |
| 5 | Form R4 - Data Protection Act 1998 waiver signed by yourself (relating to Faculty of Pharmaceutical Medicine) |  |
| 6 | Revalidation Fee - Cheque/Credit Card/BACS |  |
| 7 | Your full CV |  |
| 9 | A copy of this checklist with each item marked as complete |  |

**Please return via e mail to** [**k.gill@fpm.org.uk**](mailto:k.gill@fpm.org.uk)

**Where possible the forms must be either signed with ink and scanned or signed with an official electronic signature.**