

PROPHARMACE DAY 7 CLINICAL TOPICS ASSESSMENT ANSWER SHEET



Name:

Pre-registration
trainee number:

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Candidate number:

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Assessment
centre code:

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I agree to be bound by the registration assessment regulations.

CANDIDATE SIGNATURE:

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Instructions

- Check that your details above are correct. If they are not, let an invigilator know straight away.
- Please sign the declaration above.
- You must use an **HB pencil** only on this answer sheet.
- **DO NOT FOLD OR CREASE THIS SHEET.**

- For each question, you are asked to choose **one** option.
- Record your answers by making a bold pencil line horizontally across the box.

Mark your answers like this [—] NOT like this [//] [•] [✓] [✗] []

	A	B	C	D	E
Example: 1	[A]	[—]	[C]	[D]	[E]

If you make a mistake, rub it out completely and mark your preferred answer choice.

- You may write on the question paper before completing the answer sheet. Be sure to leave sufficient time to transfer your answers to the answer sheet. You will not be allowed any extra time for this. Only the answers on the answer sheet will be considered.

	A	B	C	D	E
1	[A]	[B]	[C]	[D]	[E]
2	[A]	[B]	[C]	[D]	[E]
3	[A]	[B]	[C]	[D]	[E]
4	[A]	[B]	[C]	[D]	[E]
5	[A]	[B]	[C]	[D]	[E]
6	[A]	[B]	[C]	[D]	[E]
7	[A]	[B]	[C]	[D]	[E]
8	[A]	[B]	[C]	[D]	[E]
9	[A]	[B]	[C]	[D]	[E]
10	[A]	[B]	[C]	[D]	[E]

	A	B	C	D	E
11	[A]	[B]	[C]	[D]	[E]
12	[A]	[B]	[C]	[D]	[E]
13	[A]	[B]	[C]	[D]	[]

	A	B	C	D	E	F	G	H
14	[A]	[B]	[C]	[D]	[E]	[F]	[G]	[]
15	[A]	[B]	[C]	[D]	[E]	[F]	[G]	[]