

GUIDE TO THE ONLINE PRS (PROFESSIONAL REGISTRATION SYSTEM)

September 2018

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Pharmacists' Login Access

All registered pharmacists have been issued with a User ID and password to access the Professional Registration System (PRS). You will have to use this login account when submitting your credit claims and checking your personal CPE reports.

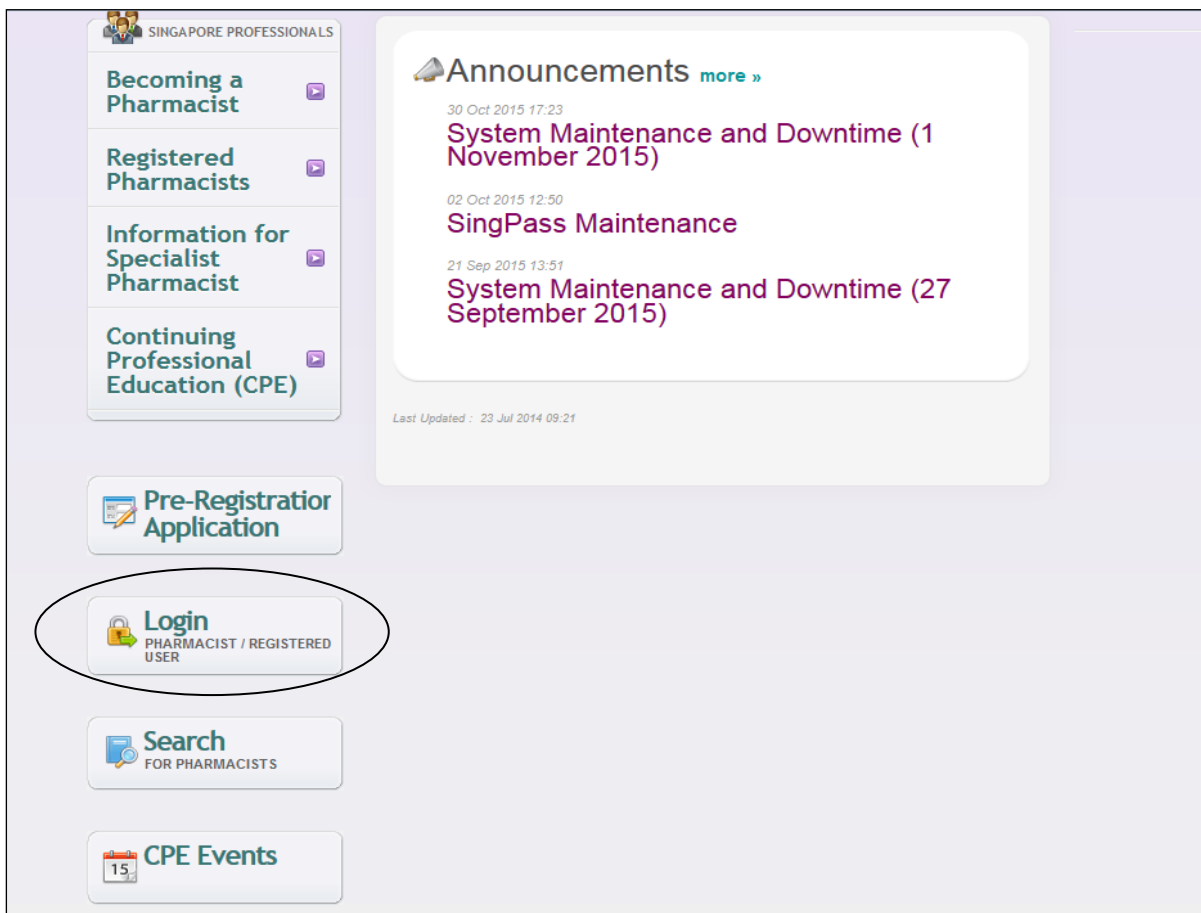
As the User ID and password are case sensitive, please ensure that you type your User ID and password in the correct case. An error message will be displayed if the wrong User ID or password is typed, or if the login is entered in the wrong case.

Pharmacists may also login using your SingPass.

Please note that due to security concern, eGov had decided that SingPass would have to be the default authentication mechanism for all government-to-citizen transactions. As such, logging in using PRS issued User ID and password would be blocked for those with or eligible for SingPass, starting in 2017.

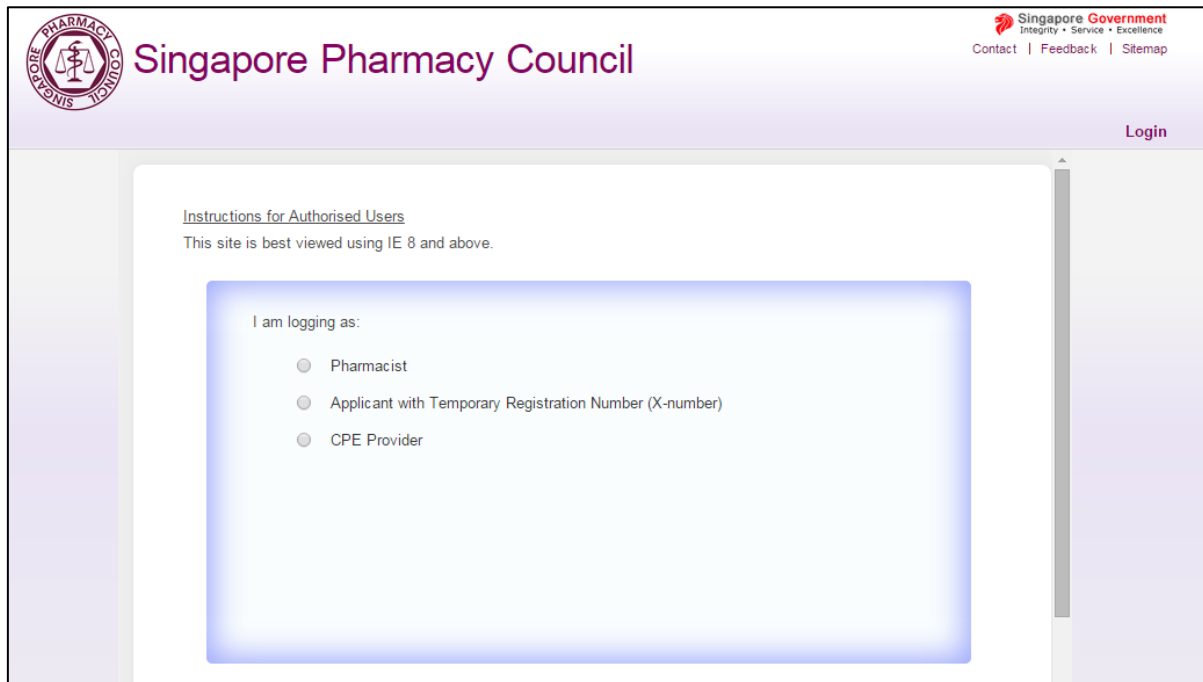
Login to the PRS

1. To access the PRS, click on the **[Login]** button on the SPC's website (URL: <http://www.spc.gov.sg>)



Screen 1 – SPC's Website

2. The PRS Login screen will be displayed as follows:



The screenshot shows the Singapore Pharmacy Council website. The header includes the council's logo on the left, the name 'Singapore Pharmacy Council' in the center, and the Singapore Government logo with 'Integrity • Service • Excellence' and links for 'Contact', 'Feedback', and 'Sitemap' on the right. A 'Login' link is located in the top right corner. The main content area has a heading 'Instructions for Authorised Users' and a note 'This site is best viewed using IE 8 and above.' Below this is a box titled 'I am logging as:' with three radio button options: 'Pharmacist', 'Applicant with Temporary Registration Number (X-number)', and 'CPE Provider'.

Screen 2 – 1st Screen

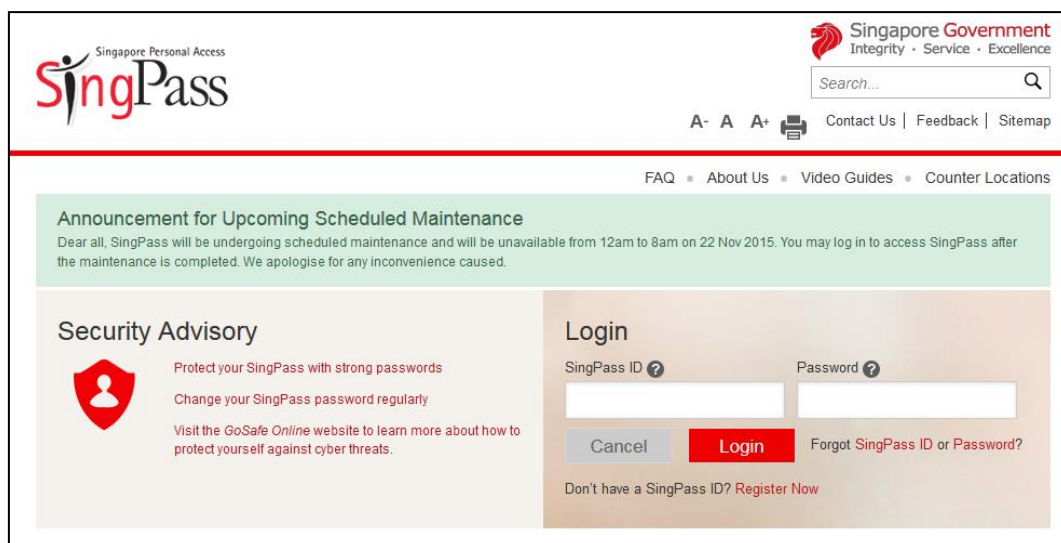
3. To proceed, select **[Pharmacist]**, you will be directed to 2nd Screen:



The screenshot shows the SingPass login interface. At the top, it says 'Login Using Singapore Personal Access SingPass'. Below this is a large promotional banner for SingPass 2FA. The banner asks 'Have you set up your SingPass 2FA yet?' and 'To register for SMS 2FA: SMS 'Register' to 78008 today!'. It includes a note: '*Use the mobile number registered with your SingPass account'. An image of a hand holding a smartphone shows the SingPass app interface with the number '78008' and a 'Register' button. At the bottom of the banner, a red note states: 'Note: SingPass 2FA is required to access PRS from 5 July 2016 onwards.' Below the banner, a link is provided: 'For Users not eligible for SingPass or unable to login using SingPass , please click [here](#)'.

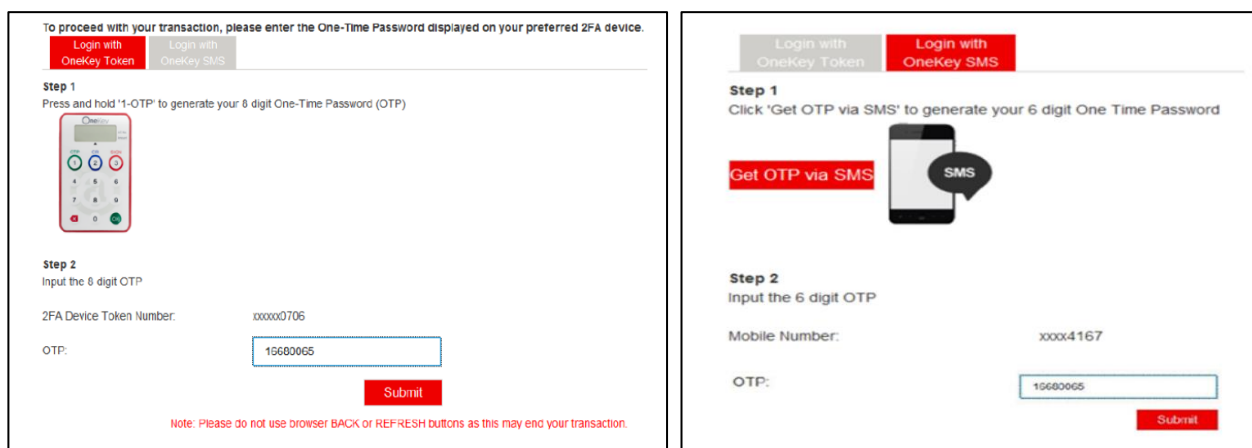
Screen 3 – 2nd Screen

4. For Singaporeans and Foreigners holding a valid FIN/NRIC, click on the SingPass icon to proceed with login using SingPass:



Screen 4 – SingPass Login Page

5. The 2FA is a one-time "second factor" password delivered through Short Messaging Service (SMS) or OneKey token. All government e-services involving sensitive data will require this 2FA.
6. Depending on which 2FA method you have registered for, you would be directed to the 2FA screen:



Screen 5 – 2FA Screen

7. If you are not an eligible SingPass holder, you will have to login using your Pharmacist Registration Number (PRN) and apply for a 2FA token. To login using PRN, click on [here](#) in Screen 6:

For Users not eligible for SingPass or unable to login using SingPass , please click [here](#)

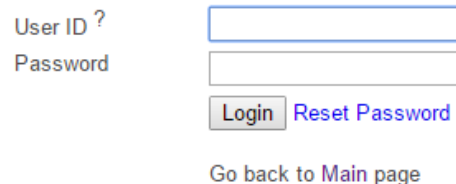
Screen 6 – Login as a Non SingPass User

8. The PRN login page will be displayed:

We have implemented 2-Step Verification (2FA) to better protect your login to the Professional Registration System (PRS). Please note that you will be required to login to PRS with 2FA from 15 Jan 2017.

For SingPass Eligible User: Click [here](#) for more information on how to setup your 2FA.

For Non SingPass Eligible User: Click [here](#) for more information on how to apply for the OneKey token.

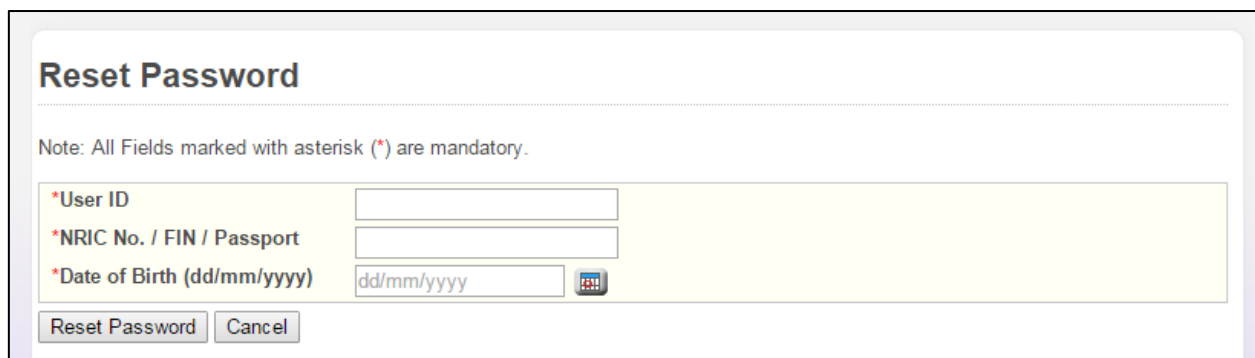


The login form consists of two input fields: 'User ID ?' and 'Password'. Below these fields are two buttons: 'Login' and 'Reset Password'. A link 'Go back to Main page' is located below the buttons.

Screen 7 – PRN Login Page

9. To login:

- Enter your **User ID (Your PRN)**.
 - Enter your **Password**.
 - Click on the **[Login]** button.
- a. If you have forgotten or you wish to reset your password, click on **[Reset Password]**



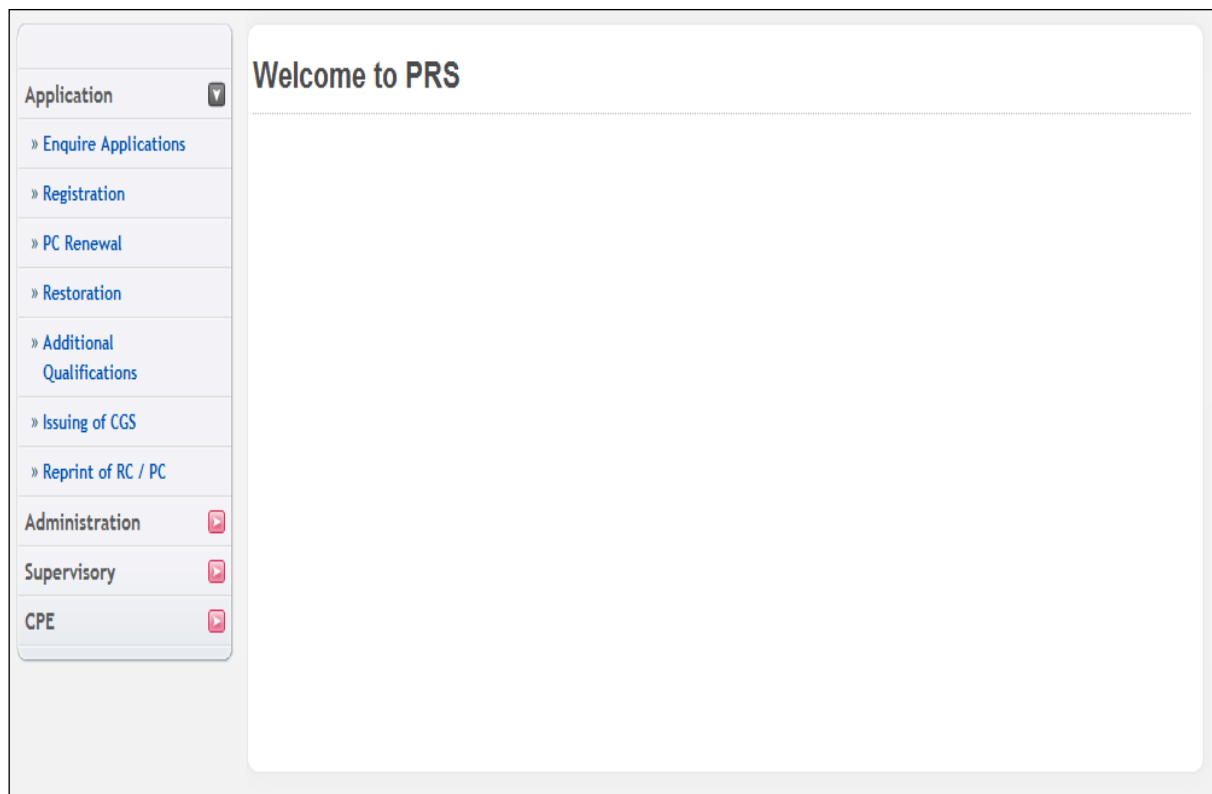
The 'Reset Password' form has a title 'Reset Password' and a note: 'Note: All Fields marked with asterisk (*) are mandatory.' It contains three input fields: '*User ID', '*NRIC No. / FIN / Passport', and '*Date of Birth (dd/mm/yyyy)'. The date field includes a calendar icon. At the bottom are 'Reset Password' and 'Cancel' buttons.

Screen 8 – Password Reset

b. To reset password:

- Enter your **User ID**.
- Enter your **NRIC No. / FIN / Passport**
- Enter your **Date of Birth (dd/mm/yyyy)**
- Click on the **[Reset Password]** button

10. If your login credentials are correct, you will be brought to the landing page:

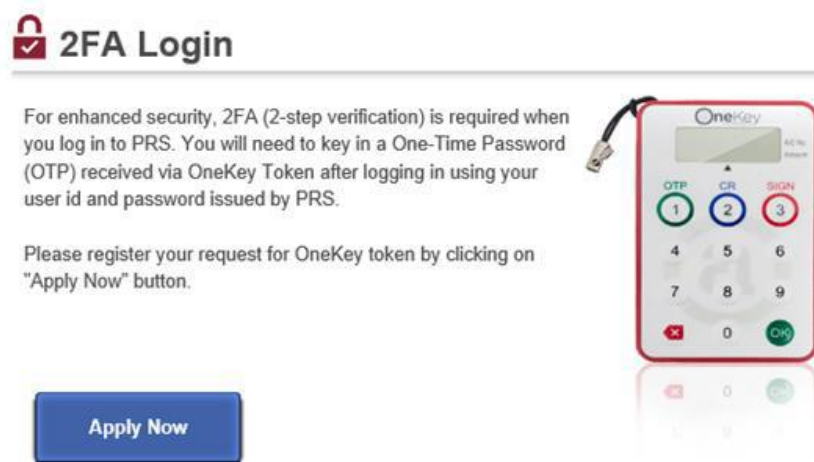


Screen 9 – Professional Registration System (PRS) Landing Page

Application for 2FA Token (Non-SingPass users)

Step 1: Request for OneKey Token in PRS

1. If you do not have a OneKey 2FA token, upon successful login, you will be prompted to request for OneKey token. Click “Apply Now” to proceed.



Screen 10 – 2FA Token Application Landing Page

2. Fill up your address and click “Submit” to proceed.
3. Please ensure the address entered is correct, as it will be used to deliver the token.

2FA Token Registration

Full Name as shown in NRIC/FIN/Passport:

Identification Type: Passport

Identification No.: 88888

Email Address:

Address Information

* Registered Address ☒ Address In Singapore ☐ Foreign Address

* Postal Code

* Block/House No.

* Level & Unit no. -

* Street Name

Building Name

Contact No

Screen 11 – OneKey Token Application Form

4. Upon confirmation, please tick the Declaration checkbox and Click “OK” to proceed.

The screenshot shows the '2FA Token Registration' form. A modal window titled 'Confirmation for Submission for Token' is overlaid on the form. The modal contains the following information:

- Date of Submission : 31/10/2016
- Name : ABC
- Identification Type : Passport
- Identification No : 88888
- Email Address : [Redacted]
- Mailing Address : 488017

Below the information, there is a declaration checkbox with the text: 'I declare that the above information provided by me is correct. I further agree to accept the responsibility of providing accurate information and I will be fully accountable for any information that was wrongly given by me'. A yellow arrow labeled '1' points to this checkbox. Below the declaration, there are three buttons: 'Print', 'OK', and 'back'. A yellow arrow labeled '2' points to the 'OK' button. In the background, the registration form is partially visible, showing fields for Full Name, Identification Type, Email, Building Name, and Contact No. A 'Submit' button is at the bottom left. An image of a OneKey token device is shown in the top right corner.

Screen 12 – Confirmation of Submission

5. Click “Continue” to proceed to PRS.

The screenshot shows the 'Acknowledgement for OneKey Token Application' page. The text on the page reads:

Please be informed that your application request has been submitted to Singapore Medical Council on 19/10/2016. Please print / save a copy of this acknowledgement for your reference.

Your application no. is SMC-20161019-6469-TFA.

You will receive the email notification once your application is approved. For queries, please email to [Redacted]@smc.gov.sg and quote the above application no.

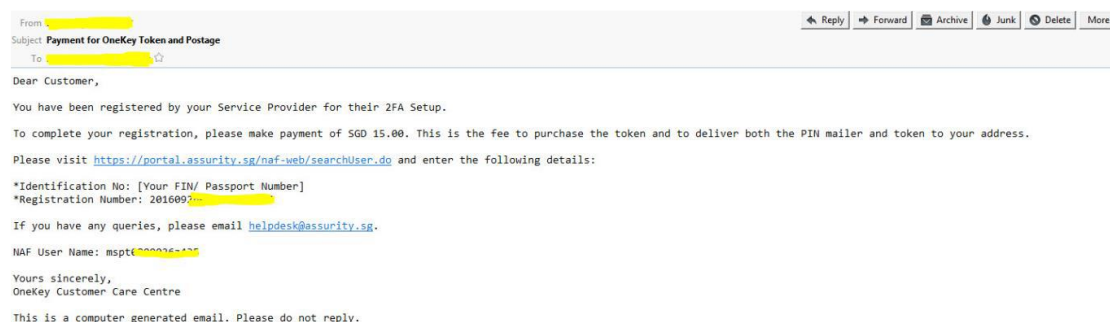
At the bottom, there are two buttons: 'Print' and 'Continue'.

Screen 13 – Acknowledgement for OneKey Token Application

Step 2: Make Payment for OneKey Token and Postage

After the application has been processed and approved by SPC (Please allow 7 working days, the application will be forwarded to Assurity Pte Ltd (the OneKey 2FA token issuer).

1. You will then receive an email notification to proceed with the payment of the OneKey token and postage.



Screen 14 – Email Notification

2. Click the hyperlink in email notification.
3. Enter your Identification No. and Registration Number (As provided in email). Click "Search" to proceed.

The screenshot shows the Assurity website interface. The header includes the Assurity logo and the tagline "I can do all my online transactions with Peace of mind". The main content area is titled "Check Registration Status". It contains a form with the following fields:

- Identification No. *
- Registration No. *

Below the form is a "Search" button. To the left of the form is a sidebar with navigation links: "Register for OneKey/SMS OTP", "Check Registration Status", "Activate OneKey/SMS OTP", "List of Service Providers", and "Terms and Conditions". Below these links are buttons for "Log in via NAF" and "Log in via SingPass".

Below the "Search" button, the registration details are displayed:

- Registration ID
- Registration Date: 05-Sep-2016
- Online Service Provider: Ministry Of Health(End User)
- Full Name
- Identification Type: SP-Sponsored
- Identification No.
- Date of Issue
- Date of Birth
- Country of Issue: Singapore

Below the registration details is a section for "Registered Address" with the following information:

- Block/House No.: 222
- Level & Unit No.: #4-222
- Street Name: Pasir Ris St 22
- Building Name: MYBUILDING1
- Postal Code: 510222
- Email Address
- Mobile

At the bottom, the "Current Status" is displayed as "Pending Payment via ENETS". A "Pay with eNETS" button is located at the bottom right.

Screen 15 – Check Registration Status

4. Click “Pay with eNETS” to proceed.

↓ Register for **OneKey/SMS OTP**

→ Check Registration Status

→ Activate **OneKey/SMS OTP**

→ List of Service Providers

→ Terms and Conditions

If you have already activated your OneKey/Mobile, please log in

Log in via NAF

Log in via SingPass

eNETS Payment

Please do not use browser [Back](#) / [Refresh](#) buttons

Payment Details

Please note the following before proceeding to payment:

- Disable any pop-up blockers in your browser.
- Do not close the browser window or click on other links when payment is in progress.

Full Name : XXXXXXXXXXXX
IC Type/IC : S1119261J

S.No	Item Name	Quantity	Price (S\$)	Sub-Total (S\$)
1	OneKey-DIGIPASS 275 Postage	1	1 * 15.00	15.00
Total				15.00

We will be mailing your Token and PIN Mailer to the following address :

Block/House No. : 222
Level & Unit No. : #4-222
Street Name : Pasir Ris St 22
Building Name : MYBUILDING1
Postal Code : 510222

To make payment, confirm your address by clicking the checkbox followed by the "Pay with eNETS" button.

☐ I hereby confirm that the above address is correct and reachable by post.

NOTE: If the address above is not correct, kindly reach out to your agency listed below.

- Ministry of Health (MOH) Biosafety Branch - moh_biosafety@moh.gov.sg
- Singapore Medical Council (SMC) - enquiries@smc.gov.sg
- Singapore Nursing Board (SNB) - snb_contact@snb.gov.sg
- Singapore Pharmacy Council (SPC) - enquiries@spc.gov.sg
- Singapore Dental Council (SDC) - enquiries@dentalcouncil.gov.sg
- Traditional Chinese Medicine Practitioners Board (TCMPB) - enquiries@tcmpb.gov.sg
- Optometrists & Opticians (OOB) - enquiries@oob.gov.sg
- Allied Health Professions Council (AHPC) - enquiries@ahpc.gov.sg

Pay with eNETS

Screen 16 – Payment Details

5. Confirm your address by ticking the check box and Click Pay with eNETS to proceed with the payment.

Block/House No. : 222
Level & Unit No. : #4-222
Street Name : Pasir Ris St 22
Building Name : MYBUILDING1
Postal Code : 510222

To make payment, confirm your address by clicking the checkbox followed by the "Pay with eNETS" button.

☒ I hereby confirm that the above address is correct and reachable by post.

NOTE: If the address above is not correct, kindly reach out to your agency listed below.

- Ministry of Health (MOH) Biosafety Branch - moh_biosafety@moh.gov.sg
- Singapore Medical Council (SMC) - enquiries@smc.gov.sg
- Singapore Nursing Board (SNB) - snb_contact@snb.gov.sg
- Singapore Pharmacy Council (SPC) - enquiries@spc.gov.sg
- Singapore Dental Council (SDC) - enquiries@dentalcouncil.gov.sg
- Traditional Chinese Medicine Practitioners Board (TCMPB) - enquiries@tcmpb.gov.sg
- Optometrists & Opticians (OOB) - enquiries@oob.gov.sg
- Allied Health Professions Council (AHPC) - enquiries@ahpc.gov.sg

Pay with eNETS

Screen 17 – Confirm Delivery Address

6. You will be redirected to eNETS to complete the payment transaction.
7. Upon successful transaction, you will see the acknowledgement page. Token and PIN mailer will be delivered to your address.

Screen 18 – Payment Acknowledgement

Step 3: Activate OneKey Token

Please refer to the **Appendix A - Activate OneKey Token**.

Step 4: Set Up 2-Step Verification (2FA) in PRS

Please follow the following step to set up your 2-Step Verification (2FA) in PRS:

1. Go to PRS login page from your council / board main website and select login as Pharmacist or applicant with Temporary Registration Number (X-number)
2. Click “here” to log in PRS with your PRS account. Please refer to Screen 6.
3. Login with your PRS account. Please refer to Screen 7.
4. After successful login using PRS account, you will be prompted to set up your 2FA using your OneKey Token. Click “Link OneKey Token” to proceed

Set Up 2-Step Verification (2FA) Link Device


Screen 19 – Set Up 2-Step Verification (2FA)

5. Follow the following step to set up your 2FA using OneKey Token:
 - a. Please verify your OneKey Token Serial Number (Screen 20).
 - b. Press and hold button “1” on your OneKey token to generate your 8-digits One-Time
 - i. Password (OTP).
 - ii. Enter the 8-digits OTP and Click Submit (Screen 20).

Link OneKey Token with PRS

Step 1

Press and hold '1' to generate your 8-digits One-Time Password (OTP).



Step 2

Please verify your OneKey Token serial number and enter the 8-digits OTP here:

OneKey Token Serial Number:

OTP:

Screen 20 – Enter 8-digits OneKey Token OTP to Set Up 2-Step Verification (2FA)


6. Once you have set up your 2-Step Verification using your OneKey Token, after successful login using PRS account, you will be prompted to enter 8-digits OTP from your OneKey Token (Screen 21).

2-Step Verification

OneKey Token

Step 1

Press and hold 1 to generate your 8-digits One-Time Password (OTP).



Step 2

Please enter the 8-digit OTP in the box below.

OneKey Token Serial Number: XXXXXX 256

OTP:

Enter
OTP

Screen 21 – Enter 8-digits OneKey Token OTP

CPE Event Calendar

There are a total of 7 CPE categories, i.e. 1A, 1B, 1C, 2A, 2B, 3A and 3B.

CPE points for your participation in Category 1B activities will be submitted by the CPE Providers on your behalf. However, you will have to submit your own claims for Categories 1A, 1C, 2A, 2B, 3A and 3B activities.

CPE Event Calendar

All SPC accredited Category 1B local events will be listed in the Event Calendar.

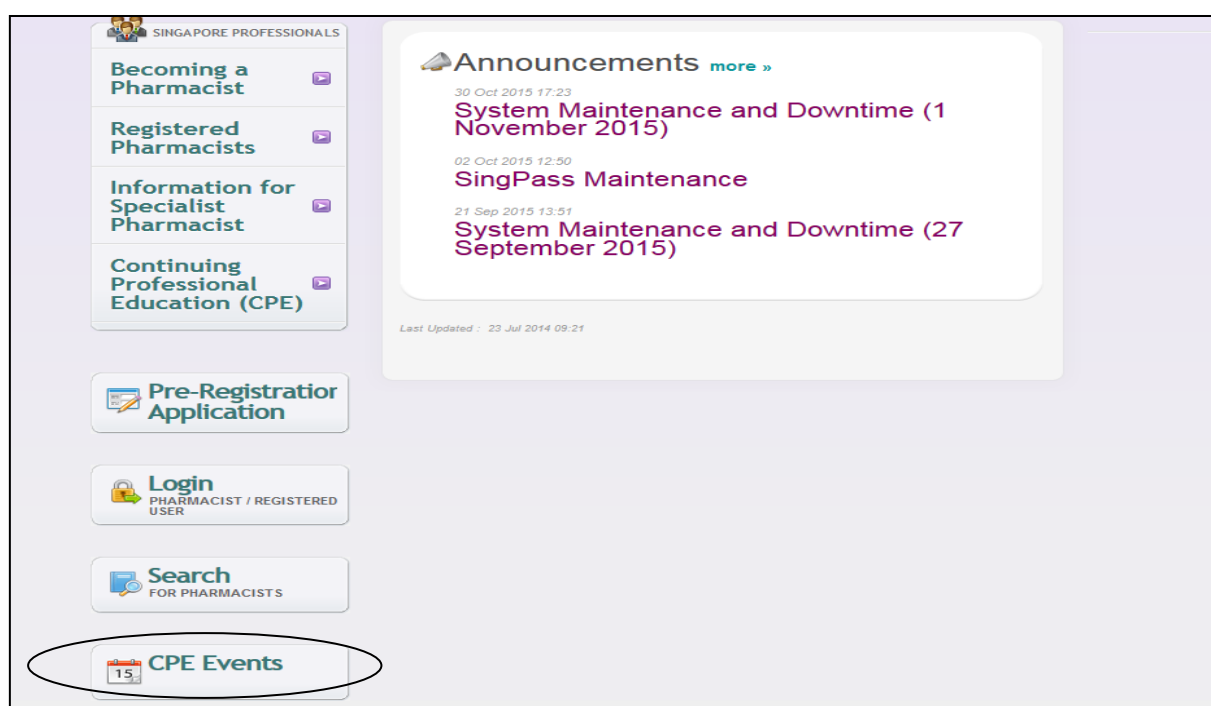
As CPE Providers would be submitting the CPE claims on behalf of the pharmacists for Category 1B events, pharmacists have to indicate their name, Pharmacist Registration Number (PRN) and also sign on the attendance sheet when they attend these events.

If you were to attend a 1-day event comprising 2 or 3 sessions, you should remember to sign on the attendance sheet at the start of each session and also write your name and PRN clearly.

The Event Calendar allows you to search for past and upcoming accredited Category 1B events. You may call or email the contact person, indicated under the details of the event, to register or find out more about the event.

Search for CPE events

To access the CPE events calendar, click on the [\[CPE Events\]](#) button on the SPC's website (URL: <http://www.spc.gov.sg>)



Screen 22 – SPC's Website

To do a simple search, select the range of months that you want to view all events happening during the period.

CPE Events Search

Event Date From	November	2015	Event Date To	January	2016
Max CPE Points From			Max CPE Points To		
Event Title			Patient Care Subject	--Select Here--	
Event ID			Specialty	--Select Here--	
Venue			Organiser	--Select Here--	
Category	--Select Here--		Organiser Type	--Select Here--	

Screen 23 – Simple Search for CPE Events

To do an advanced search, enter the event code, event title, patientcare subject or organiser name:

CPE Events Search

Event Date From	November	2015	Event Date To	January	2016
Max CPE Points From			Max CPE Points To		
Event Title			Patient Care Subject	--Select Here--	
Event ID	SPC20151027-1B-0002		Specialty	--Select Here--	
Venue			Organiser	--Select Here--	
Category	--Select Here--		Organiser Type	--Select Here--	

AMK Hospital
Academy of Medicine, Singapore
Agency for Integrated Care Pte Ltd
Allergy and Clinical Society (Singapore)
Alumni Association
Asia Life Sciences Academy Pte Ltd
Centre for Health Informatics, NUS
Changi General Hospital
Clinical Neuroscience Society
College of Obstetricians & Gynaecologists, Singapore
Dermatological Society of Singapore
Diabetic Society of Singapore
Duke-NUS Graduate Medical School Singapore
Eastern Health Alliance
European Union of Medical Specialists
Farrer Park Hospital Pte Ltd
First Asia Ventures Pte Ltd
Gateway Consulting Singapore Pte Ltd
Gleneagles Hospital

Screen 24 – Advanced Search for CPE Events

- Event Code** - To find a particular event with a specific Event Code (format - SPCYYYYMMDD-1B-XXXX).

- b. **Event Title** - To search for events by its title. (Tip: Enter the keywords of the event title instead of the whole event title)
- c. **Patient Care Subject** – Use the dropdown list to select whether the event is related to pharmaceutical (patient) care subject (“Yes”) or not (“No”)
- d. **Organiser Name**. Use the dropdown list to select the name of event organiser.

After making your selection, click on the “Search” icon. The CPE Event Calendar – Search Results page will be displayed, with the search results.

CPE Events Search

Event Date From
November 2015

Event Date To
January 2016

Max CPE Points From

Max CPE Points To

Event Title

Patient Care Subject
--Select Here--

Event ID

Specialty
--Select Here--

Venue

Organiser
--Select Here--

Category
--Select Here--

Organiser Type
--Select Here--

Search

Search Result

Total record(s) found: 42

S/N	Event Start Date	Event ID	Event Title	Organiser	Venue	Max CPE Points	Patient Care Subject	Specialty
1	26/10/2015 (08:00) - 06/11/2015 (18:00)	**SPC20151009-1B-0001	Psychiatric Pharmacy Practice HMDP Visiting Experts FY2015	Institute of Mental Health/Woodbridge Hospital	Institute of Mental Health, Singapore	21	Yes	AP - Psychiatr
2	02/11/2015 (13:00) - 02/11/2015 (14:00)	SPC20151027-1B-0002	Priority Research In Medical Education (PRIME November 2015)	Yong Loo Lin School of Medicine, NUS	National University of Singapore	1	No	AP - Psychiatry,AP Cardiology,AP Geriatrics,AP Infectious Disease,Oncol Pharmacy,Oth (Non-specialty
3	03/11/2015 (09:00) - 12/11/2015 (18:00)	SPC20150918-1B-0004	Developing Leadership Capabilities & Effectiveness (10th Intake)	Singapore General Hospital	Academia (20 College Rd S169856)	8	No	Others (Non-specialty
4	03/11/2015 (08:30) - 03/11/2015	SPC20151028-1B-0002	Management of Polycystic Ovary Syndrome (PCOS)	Changi General Hospital	Changi General Hospital	1	Yes	Others (Non-specialty

Screen 25 –CPE Events Result Listing

To view the details of each event, click on the Event Code hyperlink.

Note: To check whether pharmaceutical (patient) care or non-pharmaceutical (non-patient) care points are allocated to a specific event, refer to the “Patient Care Subject” column. If pharmacists attend a Category 1B event that has been accredited as a pharmaceutical (patient) care event, they will get pharmaceutical (patient) care CPE points. If pharmacists attend a Category 1B event that has been accredited as a non-pharmaceutical (non-patient) care event, they will get non-pharmaceutical (non-patient) care CPE points.


Pharmacist's Online Function

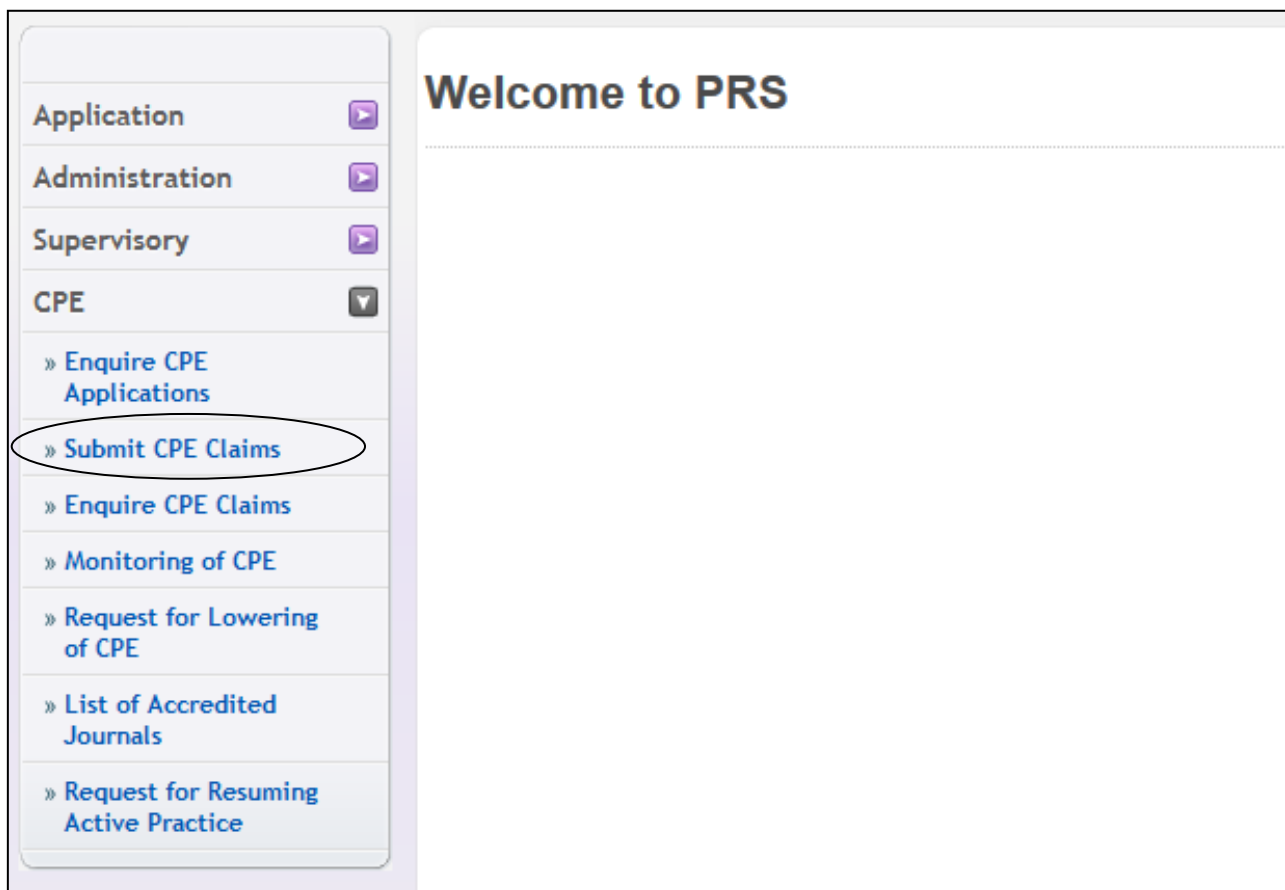
A) Submission of Claims

Claims for Cat 1A, 1C, 2A, 2B, 3A and 3B should only be submitted when the CPE event or activity has been completed. Please note that all mandatory fields have been denoted with “*“. Upon successful submission of an online claim, an acknowledgement screen will be displayed. The assigned activity code of each submitted claim should be documented for reference in case you need to seek any clarification in the future.

In addition to submitting new claims, you can also view the claims that are still pending SPC's approval.

Claims that are approved will be reflected in your personal CPE report. You will be notified of any approved or rejected claim through your registered email address and personal CPE report as well.

To start submission of new CPE claims, expand the CPE Section on the PRS landing page by clicking on the  button.



Screen 26 – Professional Registration System (PRS) Landing Page (CPE Section)

Click on “Submit CPE Claims” and the CPE Claims form will be displayed as shown in Screen 14.

Category Claim Documents Confirmation Acknowledgement

Submission of CPE Claims

Note: All Fields marked with asterisk (*) are mandatory.

*Category

--Select Here--

*Type of Activity

--Select Here--

Awarded CPE points (After Capping)

Category	CPE Points		
	Patient Care Points	Specialty Points	Non Patient Care Points
1A	0	0	0
1C	0	0	0
2A	0	0	0
2B	0	0	0
3A	0	0	0
3B	0	0	0

Claim Category Details

Category	Type of Activity	Role
1A	Ad-hoc Events	Participant
	Grand Ward Rounds	Participant
	In-house CE activities	Participant
1C	Overseas Events	Participant
2A	Journals	Co-author, Main Author
2B	Oral Presentation	Co-author, Speaker
	Poster Presentation	Co-author, Speaker
3A	Online/Offline Education Programmes	-
	Readings	-
3B	Post graduate Programmes	-

Proceed

Screen 27 – Professional Registration System (PRS) Landing Page (CPE Section)

To proceed to the next stage of the application

- 1) Select the **Category** which you are submitting for
- 2) Select **Type of Activity** which you are submitting for
- 3) Click on the **Proceed** button

Note: You may refer to the “Claim Category Details” table for reference on Category and Type of Activity.

I) Type of Claim: Category 1A (Grand Ward Round / In-House CE Activities OR Ad-hoc Events)

To submit for Grand Ward Rounds activity, proceed with “1A” (Category) and “Grand Ward Rounds” (Type of Activity) selected.

Submission of CPE Claims

Note: All Fields marked with asterisk (*) are mandatory.

Registration Details

Registration No.	P02740E
Name	TEST PHA REG
Registered Specialty	-
Appointment	-
CPE Specialty	-

Category of Grand Ward Rounds Credit Claim

Category	1A
Type of Activity	Grand Ward Rounds
*Role	Participant
*Patient Care Subject	<input type="radio"/> No <input type="radio"/> Yes
*Subject	--Select Here--
*Event Title	
*Specialty	--Select Here--
*Venue	
*Event Date	dd/mm/yyyy
*Event Duration	--Select Here--
Additional Remarks	

Proceed

Screen 28 – Submission Form for Category 1A (Grand Ward Rounds)

Complete the online form (Screen 15):

- 1) **Role** – Your role in the event. It is defaulted to “Participant”.
- 2) **Patient Care Subject** - Select whether the event is related to pharmaceutical (patient) care subject (“Yes”) or not (“No”)
- 3) **Subject** - Use the dropdown list to select the most relevant subject matter of the event. If there are no relevant subject matters in the list, select “Others” and enter the subject matter in the field
- 4) **Event Title** – Enter the title of the event
- 5) **Specialty** - Use the dropdown list to select the most relevant specialty area of the event. If none are applicable, select “Others (Non-specialty)”

- 6) **Venue** – Enter the venue of the event
- 7) **Event Date (dd/mm/yyyy)** – Enter the date of the event
- 8) **Event Duration** - Enter the duration of the event
- 9) (Optional) **Additional Remarks** – Enter any additional remarks or information
- 10) Click on the [\[Proceed\]](#) button
- 11) Refer to “Upload of Supporting Documents” (Screen 25) for next steps

To submit for In-house CE activity, proceed with “1A” (Category) and “In-house CE activities” (Type of Activity) selected.

Submission of CPE Claims

Note: All Fields marked with asterisk (*) are mandatory.

Registration Details

Registration No.	P02740E
Name	TEST PHA REG
Registered Specialty	-
Appointment	-
CPE Specialty	-

Category of In-house CE activities Credit Claim

Category	1A
Type of Activity	In-house CE activities
*Role	Participant
*Patient Care Subject	<input type="radio"/> No <input type="radio"/> Yes
*Subject	--Select Here--
*Event Title	
*Specialty	--Select Here--
*Venue	
*Event Date	dd/mm/yyyy
*Event Duration	--Select Here--
Additional Remarks	<div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> (0/500)

[Proceed](#)

Screen 29 – Submission Form for Category 1A (In-house CE Activities)

Complete the online form (Screen 16):

- 1) **Role** – Your role in the event. It is defaulted to “Participant”.
- 2) **Patient Care Subject** - Select whether the event is related to pharmaceutical (patient) care subject (“Yes”) or not (“No”)
- 3) **Subject** - Use the dropdown list to select the most relevant subject matter of the event. If there are no relevant subject matters in the list, select “Others” and enter the subject matter in the field
- 4) **Event Title** – Enter the title of the event

- 5) **Specialty** - Use the dropdown list to select the most relevant specialty area of the event. If none are applicable, select "Others (Non-specialty)"
- 6) **Venue** – Enter the venue of the event
- 7) **Event Date (dd/mm/yyyy)** – Enter the date of the event
- 8) **Event Duration** - Enter the duration of the event
- 9) (Optional) **Additional Remarks** – Enter any additional remarks or information
- 10) Click on the [\[Proceed\]](#) button
- 11) Refer to "Upload of Supporting Documents" (Screen 25) for next steps

To submit for local Ad-hoc events, proceed with "1A" (Category) and "Ad-hoc Events" (Type of Activity) selected.

Category
Claim
Documents
Confirmation
Acknowledgement

Submission of CPE Claims

Note: All Fields marked with asterisk (*) are mandatory.

Registration Details

Registration No.	P02740E
Name	TEST PHA REG
Registered Specialty	-
Appointment	-
CPE Specialty	-

Category of Ad-hoc Events Credit Claim

Category	1A
Type of Activity	Ad-hoc Events
*Role	--Select Here--
*Patient Care Subject	<input type="radio"/> No <input type="radio"/> Yes
*Subject	--Select Here--
*Type of Overseas Event	--Select Here--
*Event Specialty	--Select Here--
*Event Title	--Select Here--
*Organiser	<input type="text"/>
*Country	--Select Here--
*Venue	<input type="text"/>
*Event Start Date	01/12/2015 <input type="button" value="Calendar"/>
*Event End Date	03/12/2015 <input type="button" value="Calendar"/> <input type="button" value="Refresh Duration"/>

Date 01/12/2015 02/12/2015 03/12/2015	*Duration --Select Here-- --Select Here-- --Select Here--
---	---

Speaker's Topic 1

Additional Remarks

(0/500)

Screen 30 – Submission Form for Category 1A (Grand Ward Rounds)

Complete the online form (Screen 17):

- 1) **Role** – Your role in the event. It is defaulted to “Participant”.
- 2) **Patient Care Subject** - Select whether the event is related to pharmaceutical (patient) care subject (“Yes”) or not (“No”)
- 3) **Subject** - Use the dropdown list to select the most relevant subject matter of the event. If there are no relevant subject matters in the list, select “Others” and enter the subject matter in the field
- 4) **Type of Event** - Use the dropdown list to select the most relevant type of event. If there are no relevant type of event in the list, select “Others” and enter the relevant type of event
- 5) **Specialty** - Use the dropdown list to select the most relevant specialty area of the event. If none are applicable, select “Others (Non-specialty)”
- 6) **Event Title** – Enter the title of the event
- 7) **Organiser** – Enter the name of event organiser
- 8) **Country** – Use the dropdown list to select the country which the event was held in.
- 9) **Venue** – Enter the venue of the event
- 10) **Event Start Date (dd/mm/yyyy)** – Enter the start date of the event
- 11) **Event End Date (dd/mm/yyyy)** – Enter the end date of the event and click [\[Refresh Duration\]](#) to populate the duration fields
- 12) **Event Duration** - Enter the duration for each day of the event
- 13) **Speaker’s Topic** – Field is not applicable for SPC
- 14) (Optional) **Additional Remarks** – Enter any additional remarks or information
- 15) Click on the [\[Proceed\]](#) button
- 16) Refer to “Upload of Supporting Documents” (Screen 25) for next steps

II) Type of Claim: Category 1C Claim

To submit for valid Overseas CE events, proceed with “1C” (Category) and “Overseas Events” (Type of Activity) selected.

Complete the online form (Screen 18):

- 1) **Role** – Your role in the event. It is defaulted to “Participant”.
- 2) **Patient Care Subject** - Select whether the event is related to pharmaceutical (patient) care subject (“Yes”) or not (“No”)
- 3) **Subject** - Use the dropdown list to select the most relevant subject matter of the event. If there are no relevant subject matters in the list, select “Others” and enter the subject matter in the field
- 4) **Type of Event** - Use the dropdown list to select the most relevant type of event. If there are no relevant type of event in the list, select “Others” and enter the relevant type of event
- 5) **Specialty** - Use the dropdown list to select the most relevant specialty area of the event. If none are applicable, select “Others (Non-specialty)”
- 6) **Event Title** – Enter the title of the event
- 7) **Organiser** – Enter the name of event organiser
- 8) **Country** – Use the dropdown list to select the country which the event was held in.
- 9) **Venue** – Enter the venue of the event

- 10) **Event Start Date (dd/mm/yyyy)** – Enter the start date of the event
- 11) **Event End Date (dd/mm/yyyy)** – Enter the end date of the event and click [\[Refresh Duration\]](#) to populate the duration fields
- 12) **Event Duration** - Enter the duration for each day of the event
- 13) **Speaker's Topic** – Field is not applicable for SPC
- 14) (Optional) **Additional Remarks** – Enter any additional remarks or information
- 15) Click on the [\[Proceed\]](#) button
- 16) Refer to “Upload of Supporting Documents” (Screen 26) for next steps

Category	Claim	Documents	Confirmation	Acknowledgement
Submission of CPE Claims				
Note: All Fields marked with asterisk (*) are mandatory.				
Registration Details				
Registration No.	P02740E			
Name	TEST PHA REG			
Registered Specialty	-			
Appointment	-			
CPE Specialty	-			
Category of Overseas Events Credit Claim				
Category	1C			
Type of Activity	Overseas Events			
*Role	--Select Here--			
*Patient Care Subject	<input type="radio"/> No <input type="radio"/> Yes			
*Subject	--Select Here--			
*Type of Overseas Event	--Select Here--			
*Event Specialty	--Select Here--			
*Event Title	--Select Here--			
*Organiser				
*Country	--Select Here--			
*Venue				
*Event Start Date	01/12/2015			
*Event End Date	03/12/2015	Refresh Duration		
	Date	*Duration		
	01/12/2015	--Select Here--		
	02/12/2015	--Select Here--		
	03/12/2015	--Select Here--		
Speaker's Topic 1			Add Speaker Topic	
Additional Remarks	<div></div> <div>(0/500)</div>			
Proceed				

Screen 31 – Submission Form for Category 1C

III) Type of Claim: Category 2A (Publications: Original Papers in Health-Related Journals)

To submit for publications of original papers, proceed with “2A” (Category) and “Journals” (Type of Activity) selected.

The screenshot displays the 'Submission of CPE Claims' interface. At the top, there are navigation tabs: 'Category', 'Claim' (active), 'Documents', 'Confirmation', and 'Acknowledgement'. Below the tabs is the title 'Submission of CPE Claims'. A note states: 'Note: All Fields marked with asterisk (*) are mandatory.' The form is divided into two main sections. The first section, 'Registration Details', contains a table with the following information: Registration No. (P02740E), Name (TEST PHA REG), Registered Specialty (-), Appointment (-), and CPE Specialty (-). The second section, 'Category of Journals Credit Claim', contains several fields: 'Category' (2A), 'Type of Activity' (Journals), '*Patient Care Subject' (radio buttons for No and Yes), '*Subject' (dropdown menu), 'Journal Type' (dropdown menu), '*Specialty' (dropdown menu), '*Journal Name' (dropdown menu), '*Paper Title' (text input), '*Role' (dropdown menu), 'Publisher' (text input), '*Publication Year' (text input with a 'Not Published' checkbox), 'Publication Date' (calendar icon and text input), 'Volume / Issue No' (text input), and 'Additional Remarks' (text area with a character count '(0/500)'). A 'Proceed' button is located at the bottom left of the form.

Screen 32 – Submission Form for Category 2A (Journals Publications)

Complete the online form (Screen 19):

- 1) **Patient Care Subject** - Select whether the content of the publication is related to pharmaceutical (patient) care subject (“Yes”) or not (“No”)
- 2) **Subject** - Use the dropdown list to select the most relevant subject matter of the publication. If there are no relevant subject matters in the list, select “Others” and enter the subject matter in the field
- 3) **Journal Type** - Use the dropdown list to select the type of journal that the paper was published in (i.e. International, Local/Regional or Non-refereed)
- 4) **Specialty** - Use the dropdown list to select the most relevant specialty area of the paper. If none are applicable, select “Others (Non-specialty)”

- 5) **Journal Name** - Use the dropdown list to select the name to journal that the paper was published in. If the name is not available in the list, select “Others” and enter the journal name
- 6) **Paper Title** – Enter the title of the paper
- 7) **Role** – Your role in the paper. (i.e. Main Author or Co-author)
- 8) (Optional) **Publisher** – Enter the publisher name
- 9) **Publication Year** – Enter the year of publication of paper
- 10)(Optional) **Publication Date** – Enter the date of publication of paper
- 11)(Optional) **Volume/Issue No.** – Enter the volume or issue number of publication
- 12)(Optional) **Additional Remarks** – Enter any additional remarks or information
- 13)Click on the [\[Proceed\]](#) button
- 14) Refer to “Upload of Supporting Documents” (Screen 26) for next steps

IV) Type of Claim: Category 2B (Oral OR Poster Presentations)

To submit for oral presentation, proceed with “2B” (Category) and “Oral Presentation” (Type of Activity) selected.

Category
Claim
Documents
Confirmation
Acknowledgement

Submission of CPE Claims

Note: All Fields marked with asterisk (*) are mandatory.

Registration Details

Registration No.	P02740E
Name	TEST PHA REG
Registered Specialty	-
Appointment	-
CPE Specialty	-

Category of Oral Presentation Credit Claim

Category	2B
Type of Activity	Oral Presentation
*Patient Care Subject	<input type="radio"/> No <input type="radio"/> Yes
*Subject	--Select Here--
*Specialty	--Select Here--
*Presentation Title	<input type="text"/>
*Presentation Date	dd/mm/yyyy
*Event Title	<input type="text"/>
*Venue	<input type="text"/>
*Country	--Select Here--
*Role	--Select Here--
Additional Remarks	<div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> (0/500)

Proceed

Screen 33 – Submission Form for Category 2B (Oral Presentation)

Complete the online form (Screen 20):

- 1) **Patient Care Subject** - Select whether the content of the presentation is related to pharmaceutical (patient) care subject ("Yes") or not ("No")
- 2) **Subject** - Use the dropdown list to select the most relevant subject matter of the presentation. If there are no relevant subject matters in the list, select "Others" and enter the subject matter in the field
- 3) **Specialty** - Use the dropdown list to select the most relevant specialty area of the presentation. If none are applicable, select "Others (Non-specialty)"
- 4) **Presentation Title** – Enter the title of the presentation
- 5) **Presentation Date** – Enter the date of the presentation
- 6) **Event Title** – Enter the title of the event which the presentation was given at
- 7) **Venue** – Enter the venue of the event which the presentation was given at
- 8) **Country** – Enter the country which the event was held in
- 9) **Role** – Your role in the presentation. (i.e. Speaker or Co-author)
- 10)(Optional) **Additional Remarks** – Enter any additional remarks or information
- 11)Click on the [\[Proceed\]](#) button
- 12) Refer to "Upload of Supporting Documents" (Screen 26) for next steps

To submit for poster presentation, proceed with "2B" (Category) and "Poster Presentation" (Type of Activity) selected.

Complete the online form (Screen 21):

- 1) **Patient Care Subject** - Select whether the content of the presentation is related to pharmaceutical (patient) care subject ("Yes") or not ("No")
- 2) **Subject** - Use the dropdown list to select the most relevant subject matter of the presentation. If there are no relevant subject matters in the list, select "Others" and enter the subject matter in the field
- 3) **Specialty** - Use the dropdown list to select the most relevant specialty area of the presentation. If none are applicable, select "Others (Non-specialty)"
- 4) **Presentation Title** – Enter the title of the presentation
- 5) **Presentation Date** – Enter the date of the presentation
- 6) **Event Title** – Enter the title of the event which the presentation was given at
- 7) **Venue** – Enter the venue of the event which the presentation was given at
- 8) **Country** – Enter the country which the event was held in
- 9) **Role** – Your role in the presentation. (i.e. Speaker or Co-author)
- 10)(Optional) **Additional Remarks** – Enter any additional remarks or information
- 11)Click on the [\[Proceed\]](#) button
- 12) Refer to "Upload of Supporting Documents" (Screen 26) for next steps

Category
Claim
Documents
Confirmation
Acknowledgement

Submission of CPE Claims

Note: All Fields marked with asterisk (*) are mandatory.

Registration Details

Registration No.	P02740E
Name	TEST PHA REG
Registered Specialty	-
Appointment	-
CPE Specialty	-

Category of Poster Presentation Credit Claim

Category	2B
Type of Activity	Poster Presentation
*Patient Care Subject	<input type="radio"/> No <input type="radio"/> Yes
*Subject	--Select Here--
*Specialty	--Select Here--
*Presentation Title	
*Presentation Date	dd/mm/yyyy
*Event Title	
*Venue	
*Country	--Select Here--
*Role	--Select Here--
Additional Remarks	

(0/500)

Proceed

Screen 34 – Submission Form for Category 2B (Poster Presentation)

V) Type of Claim: Category 3A (Reading OR Online Education)

To submit for reading done, proceed with “3A” (Category) and “Readings” (Type of Activity) selected.

Complete the online form (Screen 22):

- 1) **Patient Care Subject** - Select whether the content of the reading is related to pharmaceutical (patient) care subject (“Yes”) or not (“No”)
- 2) **Subject** - Use the dropdown list to select the most relevant subject matter of the reading. If there are no relevant subject matters in the list, select “Others” and enter the subject matter in the field
- 3) **Specialty** - Use the dropdown list to select the most relevant specialty area of the event. If none are applicable, select “Others (Non-specialty)”
- 4) **Name of Readings** - Use the dropdown list to select the most relevant publication title that the reading was read. If none are applicable, select “Others” and enter the publication title
- 5) **Topic / Title** – Enter the title of the reading

- 6) (Optional) **Publisher** – Enter the publisher name
- 7) **Publication Year** – Enter the year of publication of reading
- 8) (Optional) **Volume/Issue No.** – Enter the volume or issue number of publication
- 9) (Optional) **Page number** – Enter the page range of the reading in the publication (e.g. Page 4 to 10)
- 10) (Optional) **Additional Remarks** – Enter any additional remarks or information
- 11) Click on the [\[Proceed\]](#) button
- 12) Refer to “Upload of Supporting Documents” (Screen 25) for next steps

The screenshot shows a web form titled "Submission of CPE Claims". At the top, there are tabs for "Category", "Claim", "Documents", "Confirmation", and "Acknowledgement", with "Claim" being the active tab. Below the tabs, the title "Submission of CPE Claims" is displayed. A note states: "Note: All Fields marked with asterisk (*) are mandatory." The form is divided into two main sections: "Registration Details" and "Category of Readings Credit Claim".

Registration Details:

Registration No.	P02740E
Name	TEST PHA REG
Registered Specialty	-
Appointment	-
CPE Specialty	-

Category of Readings Credit Claim:

Category	3A
Type of Activity	Readings
*Patient Care Subject	<input type="radio"/> No <input type="radio"/> Yes
*Subject	--Select Here--
*Specialty	--Select Here--
*Name of Readings	--Select Here--
*Topic / Title	<input type="text"/>
Publisher	<input type="text"/>
*Publication Year	<input type="text"/>
Volume / Issue No	<input type="text"/>
Page number	<input type="text"/>
Additional Remarks	<input type="text"/>

At the bottom of the form, there is a "Proceed" button and a character count "(0/500)".

Screen 35 – Submission Form for Category 3A (Readings)

To submit for online education completed, proceed with “3A” (Category) and “Online / Offline Education Programmes” (Type of Activity) selected.

Complete the online form (Screen 23):

- 1) **Patient Care Subject** - Select whether the online education programme is related to pharmaceutical (patient) care subject (“Yes”) or not (“No”)
- 2) **Subject** - Use the dropdown list to select the most relevant subject matter of the reading. If there are no relevant subject matters in the list, select “Others” and enter the subject matter in the field
- 3) Check the box next to **Completed Self-assessment / Learning summary**

- 4) **CPE Points Awarded by Provider** – Enter the points accredited by the CPE accreditation bodies for the programme
- 5) **Specialty** - Use the dropdown list to select the most relevant specialty area of the event. If none are applicable, select “Others (Non-specialty)”
- 6) **Programme Provider** - Use the dropdown list to select the most relevant content provider of the online education programme. If none are applicable, select “Others” and enter the provider name
- 7) **Programme Title** – Enter the title of the online education programme
- 8) (Optional) **Author / Speaker** – Enter the author or speaker for the online education programme
- 9) (Optional) **URL** – Enter the website link / address which contains details of the online education programme
- 10) (Optional) **Additional Remarks** – Enter any additional remarks or information
- 11) Click on the [\[Proceed\]](#) button
- 12) Refer to “Upload of Supporting Documents” (Screen 25) for next steps

Category	Claim	Documents	Confirmation	Acknowledgement
----------	--------------	-----------	--------------	-----------------

Submission of CPE Claims

Note: All Fields marked with asterisk (*) are mandatory.

Registration Details

Registration No.	P02740E
Name	TEST PHA REG
Registered Specialty	-
Appointment	-
CPE Specialty	-

Category of Online/Offline Education Programmes Credit Claim

Category	3A
Type of Activity	Online/Offline Education Programmes
*Patient Care Subject	<input type="radio"/> No <input type="radio"/> Yes
*Subject	--Select Here--
<input type="checkbox"/> Completed Self-assessment / Learning summary	
*CPE Points Awarded by Provider	<input type="text"/>
*Specialty	--Select Here--
*Programme Provider	--Select Here--
*Programme Title	<input type="text"/>
Author / Speaker	<input type="text"/>
URL	<input type="text"/>
Additional Remarks	<input type="text" value=""/>

(0/500)

[Proceed](#)

Screen 36 – Submission Form for Category 3A (Online Education)

VI) Type of Claim: Category 3B (Postgraduate Studies)

To submit for postgraduate studies, proceed with “3B” (Category) and “Post graduate Programmes” (Type of Activity) selected.

Category

Claim

Documents

Confirmation

Acknowledgement

Submission of CPE Claims

Note: All Fields marked with asterisk (*) are mandatory.

Registration Details

Registration No.	P02740E
Name	TEST PHA REG
Registered Specialty	-
Appointment	-
CPE Specialty	-

Category of Post graduate Programmes Credit Claim

Category	3B
Type of Activity	Post graduate Programmes
*Patient Care Subject	<input type="radio"/> No <input type="radio"/> Yes
*Subject	--Select Here--
*Title	
*Specialty	--Select Here--
*Organiser	
*Country	--Select Here--
*Venue	
*Date From	dd/mm/yyyy
*Date To	dd/mm/yyyy
*Duration	--Select Here--
Course Type	--Select Here--
Qualification Type	--Select Here--
Additional Remarks	<div>(0/500)</div>

Proceed

Screen 37 – Submission Form for Category 3B (Post graduate Programmes)

Complete the online form (Screen 24):

- 1) **Patient Care Subject** - Select whether the content of the postgraduate study is related to pharmaceutical (patient) care subject (“Yes”) or not (“No”)
- 2) **Subject** - Use the dropdown list to select the most relevant subject matter of the postgraduate study. If there are no relevant subject matters in the list, select “Others” and enter the subject matter in the field
- 3) **Title** – Enter the title of the postgraduate programme

- 4) **Specialty** - Use the dropdown list to select the most relevant specialty area of the presentation. If none are applicable, select “Others (Non-specialty)”
- 5) **Organiser** – Enter the name of the awarding institution of the postgraduate programme
- 6) **Country** – Enter the country which the awarding institution resides in
- 7) **Venue**– Enter the venue which the postgraduate programme is conducted
- 8) **Date From** – Enter the commencement date of the year postgraduate programme
- 9) **Date to** – Enter the completion date of that year of study
- 10) **Duration** – Defaulted to 12 months
- 11) **Course Type** – Use the dropdown list to select whether the course is “Full-time” or “Part-Time”
- 12) (Optional) **Qualification Type** – Enter the type of qualification that the programme awards
- 13) (Optional) **Additional Remarks** – Enter any additional remarks or information
- 14) Click on the [\[Proceed\]](#) button
- 15) Refer to “Upload of Supporting Documents” (Screen 26) for next steps

VII) Upload of Supporting Documents

If the inputs all pass the required validation checks, the supporting documents submission form will be displayed as either Screen 25 (optional) or Screen 26 (mandatory):

- For Optional submission of additional documents (Refer to Screen 25)
 - a. **Document Title** - Use the dropdown list to select the most relevant type of document that you wish to upload. If there are no relevant document types in the list, select “Others” and enter the document type in the field
 - b. **File** – Select the document that you are uploading
 - i. Click on the [\[Browse\]](#) button.
 - ii. Select the **file to upload**.
 - iii. Click on the [\[Open\]](#) button.
 - iv. Click on the [\[Attach\]](#) button.
 - c. Uploaded file will be displayed under the “Documents Attached” table. You may click on the links to verify that the uploaded documents are correct. Incorrect documents can be deleted by clicking on the [\[Delete\]](#) button next to the attached document.

The screenshot shows a web form titled "Submission of CPE Claims" with a navigation bar containing "Category", "Claim", "Documents" (active), "Confirmation", and "Acknowledgement". The "Additional Documents" section has a "Document Title" dropdown menu currently showing "--Select Here--" and a "File" input field with "Browse.." and "Attach" buttons. Below this is a table titled "Documents Attached" which currently contains the text "No document attached." At the bottom of the form is a "Proceed" button.

Screen 38 – Submission of Documents (Optional)

- For Mandatory submission of additional documents (Refer to Screen 26)
 - a. Refer to the documents needed under “Mandatory Documents” and select the files to upload:
 - i. Click on the [\[Browse\]](#) button.
 - ii. Select the **file to upload**.
 - iii. Click on the [\[Open\]](#) button.
 - iv. Click on the [\[Attach\]](#) button.
 - b. Uploaded file will be displayed under the “Documents Attached” table. You may click on the links to verify that the uploaded documents are correct. Incorrect documents can be deleted by clicking on the [\[Delete\]](#) button next to the attached document.
 - c. You may attach additional documents under “Supporting Documents”
 - i. **Document Title** - Use the dropdown list to select the most relevant type of document that you wish to upload. If there are no relevant document types in the list, select “Others” and enter the document type in the field
 - ii. **File** – Select the document that you are uploading
 - 1. Click on the [\[Browse\]](#) button.
 - 2. Select the **file to upload**.
 - 3. Click on the [\[Open\]](#) button.
 - 4. Click on the [\[Attach\]](#) button.

Category Claim **Documents** Confirmation Acknowledgement

Submission of CPE Claims

Note:

- File must be in JPEG(.jpg or .jpeg), PDF (.pdf).
- Each file size must not exceed 1MB

Mandatory Documents

Document Title	Conference Event Details
*Upload Document	Browse... No file selected. Attach
Document Title	Proof of Attendance
*Upload Document	Browse... No file selected. Attach

Supporting Documents

Document Title	--Select Here--
File	Browse... No file selected. Attach

Documents Attached

No document attached.

[Proceed](#)

Screen 39 – Submission of Documents (Mandatory)

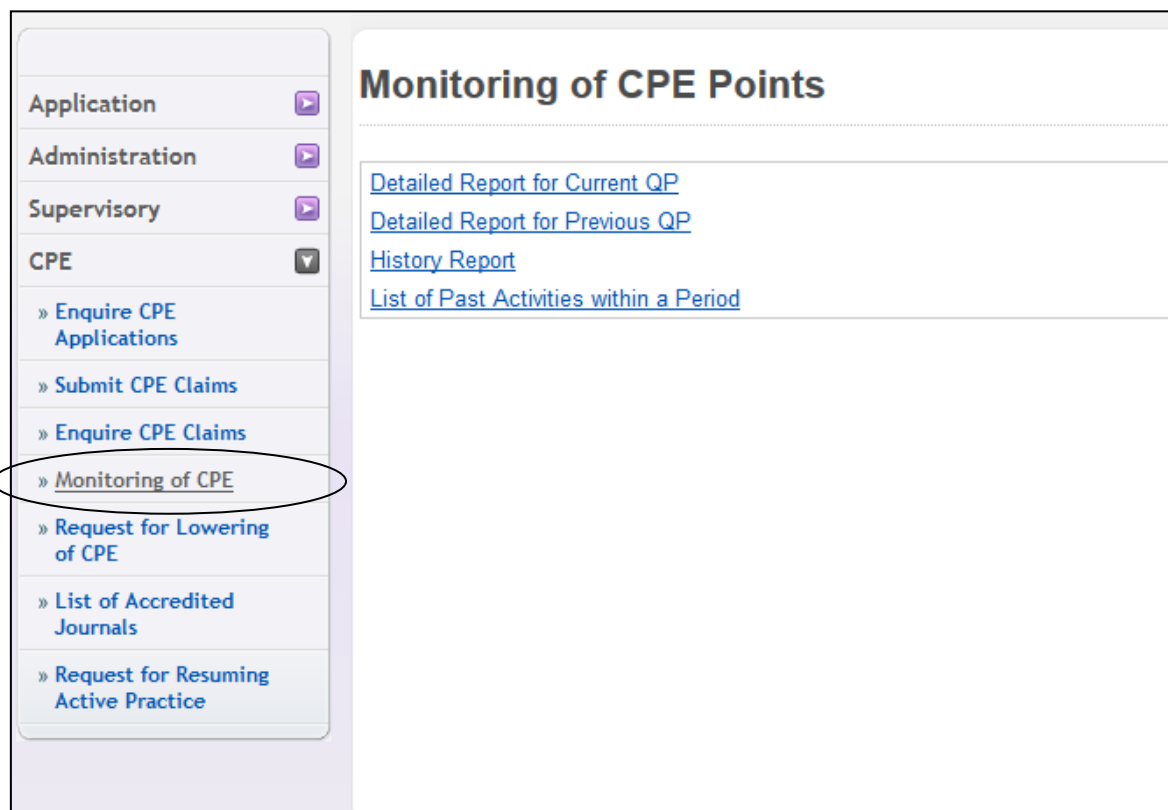
- Tip: You may click on the [\[Claim\]](#) link to return to the previous page to make changes, if necessary.
- Click [\[Proceed\]](#) button once all documents are uploaded to proceed to the confirmation and acknowledgement page.

B) Generate Personal CPE Reports

This function allows you to view/print your CPE points accumulated in the current and previous qualifying periods. You can also view/print your CPE summary report.

It will take about 2 to 4 weeks for CPE points to be reflected in the system for Cat 1B events. This is to allow CPE Providers some time to submit the attendance record online.

To generate CPE reports, click on “Monitoring of CPE” and the CPE report selection page will be displayed as shown in Screen 27.



Screen 40 – CPE Report Selection Page

To generate Personal CPE Reports (Current Qualifying Period)

To view the CPE report for the current qualifying period (QP), Click on [\[Detailed Report for Current QP\]](#) and the report will be displayed as shown in Screen 28.

Summary

Qualifying Period (QP)

QP Type	Time Frame	Note
QP	01/09/2012 - 31/08/2014	-

Points within QP

Point Type	Min. Requirement	*Awarded Points	Meet Min. Requirement?	Shortfall
Total CPE Points	50	11	No	39
Patient Care Points	50	1	No	49

*All the awarded points displayed above are after cap points (i.e. Points after applying day cap, event cap and category cap, if any).
Notes: Total CPE Points = Patient Care Points + Non-Patient Care Points

Breakdown of CPE Points by Category

Category	Before Capping				After Capping			
	Patient Care Points	Specialty Points	Non-Patient Care Points	Total Awarded Points	Patient Care Points	Specialty Points	Non-Patient Care Points	Total Awarded Points
1A	1	0	6	7	1	0	6	7
1B	0	0	0	0	0	0	0	0
1C	0	0	0	0	0	0	0	0
2A	0	0	0	0	0	0	0	0
2B	0	0	0	0	0	0	0	0
3A	0	0	4	4	0	0	4	4
3B	0	0	0	0	0	0	0	0

#denotes capped points

[Click here for Capping Rules](#)

Approved Activities

+

-

S/N	Date	Category	Activities Information	Patient Care Points	Specialty Points	Non-Patient Care Points	Total Points
1	08/03/2013	3A	SPC20130308-3A-0043 Pharmaceutical Journal Online CPD-q	0	0	2	2
2	11/01/2013	1A	SPC20130308-1A-0051 1A Grand Ward Rounds 24 Jan	1	0	0	1
3	11/01/2013	1A	SPC20130308-1A-0052 u	0	0	1	1
4	08/03/2013	1A	SPC20130308-1A-0055 Good Clinical Practice	0	0	1	1
5	08/03/2013	3A	SPC20130308-3A-0042 American Association of Critical Care Nurses AACN Advanced Critical Care - s	0	0	1	1
6	08/03/2013	3A	SPC20130308-3A-0044 Acute Pain (International Journal of Acute Pain Management) - Acute Pain (International Journal of Acute Pain Management	0	0	1	1
7	08/03/2013	1A	SPC20130308-1A-0054 Advance pharmacotherapy-Cardiology	0	0	1	1
8	08/03/2013 - 08/03/2013	1A	SPC20130308-1A-0053 i	0	0	3	3

#denotes capped points

[Rate this service](#)

Print

View Pending and Rejected Activities

Send CPE Enquiry

Screen 41 – Current QP CPE Report

- The report is broken down into three main tables
 - Top table shows the QP requirement, total awarded points and shortage
 - Middle table shows the full breakdown of each Category for the QP
 - Bottom table shows the list of approved claims for the QP
- To view the Capping rules, click on the [\[Click here for Capping Rules\]](#) link.
- To rate the service provided; click on the [\[Rate this service\]](#) link.
- To print the page displayed, click on the [\[Print\]](#) button.
- To send an enquiry for CPE, click on the [\[Send CPE Enquiry\]](#) button.

- To view the pending and rejected activities, click on the [\[View Pending and Rejected Activities\]](#) button. A pop up box will appear as shown in Screen 29

Pending and Rejected Activities							
Pending Activities							
S/N	Date	Category	Activities Information	Patient Care Points	Specialty Points	Non-Patient Care Points	Total Points
1	18/12/2012	1A	SPC20121218-1A-2889 ty	24	0	0	24
#denotes capped points							
Rejected Activities							
S/N	Date	Category	Activities Information	Patient Care Points	Specialty Points	Non-Patient Care Points	Total Points
1	18/12/2012	1C	SPC20121218-1C-2890 r	0	0	14	14
#denotes capped points							
Print		Close					

Screen 42 – Pending and Rejected Activities

To generate Summary CPE Reports

To view the summary CPE report, click on [\[History Report\]](#) and the report will be displayed as shown in Screen 30.

History Report

Registration No.	P05002D
Name	Testing
Registered Specialty	-
Appointment	Associate Professor (01/01/2001)
CPE Specialty	-

All the figures displayed are correct as of null.

QP	Category							Min. Requirement			*Awarded Points		
	1A	1B	1C	2A	2B	3A	3B	Patient Care Points	Specialty Points	Total CPE Points	Patient Care Points	Specialty Points	Total CPE Points
03/10/2013-31/08/2014	2	1	2	0	0	1	0	15	0	22	2	0	6

* All the awarded points displayed above are after cap points(i.e. Points after applying day cap, event cap and category cap, if any).

[Rate this service](#)

Print

Screen 43 – Summary CPE Report

To list past CPE Activities within a Period

To generate a list of Past Activities within a Period, click on [\[List of Past Activities within a Period\]](#) and the landing page will be displayed as shown in Screen 31.

List of Past Activities within a Period

Note: All Fields marked with asterisk (*) are mandatory.

*Period From dd/mm/yyyy *To dd/mm/yyyy

Category --Select Here-- Type of Activity --Select Here--

Activity Title QP --Select Here--

Generate

Approved Activities

S/N	QP	Date	Category	Activities Information	Patient Care Points	Specialty Points	Non-Patient Care Points	Total Points
-----	----	------	----------	------------------------	---------------------	------------------	-------------------------	--------------

#denotes capped points

*Patient Care Points	-
*Specialty Points	-
*Non-Patient Care Points	-
*Total CPE Points	-

[Rate this service](#)

Print

Screen 44 – List of Past Activities within a Period landing Page

To display a list of activities:

- 1) **Period From** - Enter the period start date required
- 2) **Period To** - Enter the period end date required
- 3) (Optional) **Category** – Select the CPE Category required
- 4) (Optional) **Type of Activity** – Select the CPE activity required
- 5) (Optional) **Activity Title** – Select the activity title required
- 6) (Optional) **QP** – Select the QP required
- 7) Click on the [\[Generate\]](#) button. Report will be displayed as shown in Screen 32

List of Past Activities within a Period

Note: All Fields marked with asterisk (*) are mandatory.

*Period From 01/01/2012 *To 31/12/2013

Category --Select Here-- Type of Activity --Select Here--

Activity Title QP --Select Here--

Generate

Approved Activities

S/N	QP	Date	Category	Activities Information	Patient Care Points	Specialty Points	Non-Patient Care Points	Total Points
1	01/09/2012 - 31/08/2014	11/01/2013	1A	SPC20130308-1A-0051 1A Grand Ward Rounds 24 Jan	1	0	0	1

#denotes capped points

*Patient Care Points	1
*Specialty Points	0
*Non-Patient Care Points	10
*Total CPE Points	11

*All the awarded points displayed above are after applying day cap and event cap ONLY (if any).

[Rate this service](#)

Print

Screen 45 – List of Past Activities within a Period

C) Inactive Status and Resume Active Status Applications

I) Inactive Status Applications

If you meet the requirement for inactive status application (e.g. not working, working in non-pharmacy area or residing overseas), and you wish to apply for inactive status, you may submit an application online.

Before you proceed, please download and complete the “Declaration Form for Inactive Status” at SPC website (<http://www.spc.gov.sg>), under **[Forms & Publications]** (See Form 1). Once the form is completed, scan and save it.

PHARMACIST'S DECLARATION FORM FOR INACTIVE STATUS		
<p>To: Singapore Pharmacy Council 16 College Road #01-01 College of Medicine Building Singapore 169854 Phone : 6478 5068 Fax : 6478 5069 Email : enquiries@spc.gov.sg</p>		
Name: _____ NRIC No: _____		
PRN: _____ Tel No: (H) _____ (O) _____ (HP) _____		
Home Address: _____ S () _____		
E-Mail Address : _____		
Dear Registrar,		
<ul style="list-style-type: none">I wish to make a declaration of Inactive Status, and have my Continuing Professional Education (CPE) requirements lowered to 20 CPE points per Qualifying Period (QP).I declare that I have ceased / will be ceasing active pharmacy practice / been residing overseas* with effect from (DD/MM/YYYY) to (DD/MM/YYYY) (please delete appropriately)Employment status: <input type="checkbox"/> Not Working <input type="checkbox"/> Working <input type="checkbox"/> Residing overseas for at least a year		
<p><i>If you are working, do you apply the knowledge and science of pharmacy in:</i></p> <p>Yes No</p> <ul style="list-style-type: none"><input type="checkbox"/> Interpreting, evaluating and implementing prescriptions of persons authorised by law to prescribe medications<input type="checkbox"/> Compounding, labelling, dispensing, distributing and administering medication<input type="checkbox"/> Initiating and modifying medication therapy in accordance with the collaborative practice agreements established and approved by health care facilities or voluntary agreements with persons authorised by law to prescribe medication<input type="checkbox"/> Patient assessment and counselling for the purpose of recommending and dispensing medication<input type="checkbox"/> Managing medication therapy<input type="checkbox"/> Evaluating medication use<input type="checkbox"/> Manufacturing and distributing medicinal products<input type="checkbox"/> Quality assurance of medicinal products<input type="checkbox"/> Understanding the nature and form of drugs, its storage requirements and distribution, to ensure the integrity of the drug is maintained<input type="checkbox"/> Monitoring the drugs' clinical or adverse effects (surveillance) or has influence over any aspects of the drug (including physical appearance, packaging presentation, etc)<input type="checkbox"/> Handling the physical product at operational level e.g. in charge of stocks and its storage		
<small>Declaration Form for Inactive Status (Jan 2013)</small>		
Employment Details :		
Organisation: _____		
Address: _____ S () _____		
Designation: _____		
Nature of Work: _____		

I undertake that in the event that I should resume active practice, I will inform the Council immediately, I would also have achieved 25 CPE points during the 12 months preceding the date of resuming active practice to qualify for the relevant type of practising certificate (PC):		
<table border="1"><tr><td>Normal PC (for practice in both patient care & non-patient care areas) Requires 25 CPE points with minimum 8 patient care points</td></tr></table>		Normal PC (for practice in both patient care & non-patient care areas) Requires 25 CPE points with minimum 8 patient care points
Normal PC (for practice in both patient care & non-patient care areas) Requires 25 CPE points with minimum 8 patient care points		
Signature: _____ Date: _____		

For Official Use		
Decision of Council:		
Type of Inactive Status: <input type="checkbox"/> Not Working <input type="checkbox"/> Non-Pharmacy Areas <input type="checkbox"/> Overseas		
Approved : <input type="checkbox"/> Yes <input type="checkbox"/> No		
Remarks: _____		

Verified by: _____ Date: _____		
Approved by: _____ Date: _____		
<small>Declaration Form for Inactive Status (Jan 2013)</small>		

Form 1 – Declaration Form for Inactive Status

With the form saved, login in to the PRS, click on **[Request for Lowering of CPE]** and the inactive status application form will be displayed as shown in Screen 33.

To submit the application, complete the form:

- 1) **Reason** – Use the dropdown list to select the inactive status type that you are applying for
- 2) **Start Date** – Enter the date that you wish your inactive status to start
- 3) (Optional) **End Date** – Enter the date that you wish your inactive status to end+
- 4) (Optional) **Remarks** – Enter any additional information or remarks that may help with your application

+Note: Entering an end date does not automatically end your inactive status on that day. You are required to fulfill the resume active CPE requirement and make an online application to resume active status.

- 5) Upload **Mandatory Documents** (Declaration Form for Inactive Status)
 - a. Click on the [\[Browse\]](#) button
 - b. Select the **file to upload**
 - c. Click on the [\[Open\]](#) button
 - d. Click on the [\[Attach\]](#) button
- 6) (Optional) You may attach additional documents
 - a. **Document Title** - Use the dropdown list to select the most relevant type of document that you wish to upload. If there are no relevant document types in the list, select "Others" and enter the document type in the field
 - b. Click on the [\[Browse\]](#) button
 - c. Select the **file to upload**
 - d. Click on the [\[Open\]](#) button
 - e. Click on the [\[Attach\]](#) button
- 7) Check the **Declaration** box
- 8) Click [\[Proceed\]](#) button

The screenshot displays the 'Application for Request for Lowering of CPE' web interface. On the left, a sidebar menu lists various options, with 'Request for Lowering of CPE' circled. The main content area features a top navigation bar with 'Application', 'Confirmation', and 'Acknowledgement' tabs. Below this, the title 'Application for Request for Lowering of CPE' is shown. A note states: 'Note: All Fields marked with asterisk (*) are mandatory.' The form is divided into several sections: 1. Registration details (Registration No. P02740E, Name TEST PHA REG, Registered Specialty -, Appointment -, CPE Specialty -). 2. A form for providing details: Reason (dropdown: --Select Here--), Start Date (calendar icon), End Date (text input), and Remarks (text area, 0/500 characters). 3. SUPPORTING DOCUMENTS section with a note: 'File must be in JPEG(.jpg or .jpeg), PDF (.pdf). Each file size must not exceed 1MB'. 4. Mandatory Documents section: Document Title (Declaration), Upload Document (Browse... No file selected. Attach). 5. Document Title (dropdown: --Select Here--), File (Browse... No file selected. Attach). 6. Documents Attached section: No document attached. 7. Declaration checkbox: 'I declare that the above information is true and accurate. I undertake that in the event that I should resume active practice anytime in the future, I will inform the Singapore Pharmacy Council immediately and fulfill the requisite CPE points.' 8. A Proceed button at the bottom.

Screen 46 – CPE Report Selection Page

If the inputs pass the required validation checks, the confirmation page will be displayed

II) Resume Active Status Applications

When you have fulfilled the resuming active CPE requirement (25 CPE points, inclusive of 8 pharmaceutical (patient) care points, achieved within 12 months), you may submit an online application to resume active status.

Before you proceed, please download and complete the “Declaration Form to resume Active Practice” at SPC website (<http://www.spc.gov.sg>), under **[Forms & Publications]** (See Form 1). Once the form is completed, scan and save it.

SINGAPORE PHARMACY COUNCIL				
16 College Road, College of Medicine Building, Singapore 169854 Tel: (65) 6478 5068/5069 Fax: (65) 6478 5069 Web: http://www.spc.gov.sg Email: enquiries@spc.gov.sg				
DECLARATION TO RESUME ACTIVE PRACTICE FROM INACTIVE STATUS				
• Appropriate CPE requirements must be met 12 months prior to the date of resuming Active Status:				
CPE requirements Patient care points: 8 or more Total CPE Points: 25				
• Fees Payable for pharmacists (inactive status - not working) who wish to resume active practice:				
Period when resuming work	1 January 2015 – 30 June 2015	1 July 2015 – 31 December 2015	1 January 2016 – 30 June 2016	1 July 2016 – 31 December 2016
Top up fee (\$)	300	225	150	75
Personal Details				
Name: _____				
NRIC / FIN Number: _____		Pharmacist Registration No. _____		
Tel (Home): _____		Tel (Mobile): _____		
Email: _____		_____		
Home Address: _____		Postal Code: _____		
Preferred Mailing Address: _____		Postal Code: _____		
My Current Inactive Status:				
<input type="checkbox"/> Not Working <input type="checkbox"/> Overseas <input type="checkbox"/> Working in non pharmacy related sector				
Activity Status Upon Resuming Active Practice:				
I will be working: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Not Working				
Employment Sector:				
<input type="checkbox"/> Government <input type="checkbox"/> University <input type="checkbox"/> Private <input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Restructured Institution <input type="checkbox"/> Statutory Board <input type="checkbox"/> Voluntary Welfare Organisation		
Work Type:				
<input type="checkbox"/> Administration <input type="checkbox"/> Clinical Research <input type="checkbox"/> Consultancy <input type="checkbox"/> Health Information Services <input type="checkbox"/> Hospital <input type="checkbox"/> Locum <input type="checkbox"/> Manufacturing <input type="checkbox"/> Marketing <input type="checkbox"/> Other pharmaceutical field (specify) _____		<input type="checkbox"/> Medical / Dental Clinic <input type="checkbox"/> Primary Health Care <input type="checkbox"/> Procurement & Distribution <input type="checkbox"/> Regulatory Affairs / Compliance <input type="checkbox"/> Research <input type="checkbox"/> Retail / Wholesale <input type="checkbox"/> Teaching / Research <input type="checkbox"/> Wholesale <input type="checkbox"/> Non-pharmaceutical field (specify) _____		
SPC Application Form for Resume Active Status (Nov 2015) Page 1 of 4				

Place of Work	
Name of Organisation: _____	
Address: _____ Postal Code: _____	
Tel: (Office) _____ Ext: _____ Fax: _____	
Appointment: _____	
Request for Resuming Active Practice	
I wish to resume active status on _____ COMMUNITY _____	
I will make top-up fee payment of \$S _____ by E-Nets or Credit Card (online)	
Signature _____ Date _____	
For Official Use	
Decision of Council: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
CPE Points: Required Total: _____ Patient Care: _____	
Accumulated Total: _____ Accumulated Patient Care: _____	
Period: _____	
Type of PC: <input type="checkbox"/> Normal	
Top up Fee: \$S _____ (For 0.5/1/1.5/2 years) Receipt No. _____ Date _____	
Verified by _____ Date _____ Approved by _____ Date _____	
SPC Application Form for Resume Active Status (Nov 2015) Page 2 of 4	

SINGAPORE PHARMACY COUNCIL	
16 College Road #01-01 College of Medicine Building Singapore 169854 Tel: (65) 6478 5068/5069 Fax: (65) 6478 5069 Web: http://www.spc.gov.sg Email: enquiries@spc.gov.sg	
Declaration of Fitness to Practise	
Please provide the answers to the following questions. If applicable, if your answer is "Yes", please provide more information in space provided. If more space is required, please attach additional sheet to this declaration.	
Since the last declaration or in the last 2 years, whichever is later:	
1. Have you ever suffered or are you suffering from any physical or mental illness which may impair your fitness to practise as a pharmacist, as certified by a registered medical practitioner? Yes / No	

2. Have you ever consulted a psychiatrist or are you currently undergoing treatment for psychiatric ailment? Yes / No	

3. Have you ever been the subject of an inquiry or proceedings by a professional body, licensing body, health authority or any law enforcement agency in Singapore or elsewhere? Yes / No	

4. Have you, at any time before the submission of this application, ever been convicted in a court of law in Singapore or elsewhere of any offence? Yes / No	

5. Has your registration application or renewal as a pharmacist outside Singapore (if applicable) been rejected, refused or otherwise requiring an appeal process? Yes / No	

* please delete accordingly.	
SPC Application Form for Resume Active Status (Nov 2015) Page 3 of 4	

DECLARATIONS BY APPLICANT			
I declare that I did not practise in Singapore as a pharmacist nor engaged in any work that required an active pharmacy practising certificate, for the period of my inactive status from _____ to _____ (date of resuming active practice)			
Listed below are details of my employer(s) and appointment(s) during this period:			
Employer(s):			

Appointment(s) & Job description(s):			

<input type="checkbox"/> I declare that the particulars stated in this application and the documents attached are true and authentic, and the information contained herein remains unchanged to date. To the best of my knowledge and belief, I have not withheld any material fact.			
<input type="checkbox"/> I acknowledge that the Singapore Pharmacy Council reserves all rights to withhold and/or terminate my registration and/or take any action it deems fit, if any of the above information or documents tendered is found subsequently to be false. I am also aware that it is a criminal offence to make any false statements, to provide any false information and/or document(s) to the Singapore Pharmacy Council. I also understand and give my consent for the Singapore Pharmacy Council to make any enquiries or obtain any information & documents that it deems appropriate to establish my fitness to practise.			
<input type="checkbox"/> I also authorise Singapore Pharmacy Council to release the information provided by me, to the Ministry of Health and such other parties where the Registrar deems essential for the purpose of their official duties under current legislations.			
Name _____ Signature _____ NRIC/Passport/FIN No _____ Date _____			
SPC Application Form for Resume Active Status (Nov 2015) Page 4 of 4			

Form 2 – Declaration Form to resume Active Practice

With the form saved, login in to the PRS, click on [\[Request for Resuming Active Practice\]](#) and the resume active status application form will be displayed as shown in Screen 34.

Screen 47 – Request for Resuming Active Practice Application

To submit the application, complete the form:

- 1) **Wish to Resume** – Check the box
- 2) **Start Date** – Enter the date that you wish your inactive status to start
- 3) **Lowered CPE (Inactive) End Date** – Enter the date that you wish your inactive status to end+
- 4) **Remarks** – Enter any additional information or remarks that may help with your application
- 5) Click [\[Proceed\]](#) button

If the inputs pass the required validation checks, the upload supporting document page (See Screen 35) will be displayed:

Screen 48 – Upload Supporting Document Page

- 1) Upload **Mandatory Documents** (Declaration Form to resume Active Practice)
 - a. Click on the [\[Browse\]](#) button
 - b. Select the **file to upload**
 - c. Click on the [\[Open\]](#) button
 - d. Click on the [\[Attach\]](#) button
- 2) (Optional) You may attach additional documents
 - a. **Document Title** - Use the dropdown list to select the most relevant type of document that you wish to upload. If there are no relevant document types in the list, select "Others" and enter the document type in the field
 - b. Click on the [\[Browse\]](#) button
 - c. Select the **file to upload**
 - d. Click on the [\[Open\]](#) button
 - e. Click on the [\[Attach\]](#) button
- 3) Click [\[Proceed\]](#) button

Appendix A - Activate OneKey Token

Please refer to the OneKey portal (<https://portal.assurity.sg/naf-web/termsAndConditions.do>) for the latest update.

1. Once you have received the token and PIN mailer. Go to OneKey portal at <https://portal.assurity.sg/naf-web/login/nricotp.do> to activate your token.

Screen C1: Login to Activate your Token

2. Please enter the following information on the above screen (Screen C1):

- Please select “SP-Sponsored” for ID Type.
- Please Enter your Identification No. and Initial Login Password.
 - Refer to your PIN mailer for the “Initial Login Password”.
- Please select “Ministry of Health (End User)” for Online Service Provider.

Click “Submit” to proceed.

Accept the Terms & Conditions and Click “Next” to proceed.

Screen C2: Terms & Conditions

3. Enter your secret question and answer. Click “Submit” to proceed.

Activate

To activate your OneKey/Mobile please complete the following steps.

1 Login 2 Accept Terms & Conditions 3 User Details 4 Create User Account 5 Confirm User Details 6 OneKey Activation 7 Acknowledgement

3. User Details

Please do not use browser [Back](#) / [Refresh](#) buttons

Personal Information Please fill in the following information. Fields with * are compulsory.

Online Service Provider: Ministry Of Health(End User)
Full name: [Redacted]
Identification Type: SP-SPONSORED
Identification No.: S [Redacted] J
Country of Issue: Singapore

Registered Address

Block/House No.: 222
Level & Unit No.: #4 - 222
Building Name: MYBUILDING1
Street Name: Pasir Ris St 22
Postal Code: 510222

Mailing Address

Block/House No.: 222
Level & Unit No.: #4 - 222
Building Name: MYBUILDING1
Street Name: Pasir Ris St 22
Postal Code: 510222

Mobile: +65 92 [Redacted] 79
Email: K [Redacted] [Redacted]

Secret Question 1* What is your childhood nickname? [Dropdown]
Secret Answer 1* SG [Text]
Secret Question 2* What is your mother's maiden name? [Dropdown]
Secret Answer 2* MA [Text]

[Submit](#) [Cancel](#)

Screen C3: Secret Questions and Answers

4. Enter your NAF password. Click “Next” to proceed.

Activate

To activate your OneKey/Mobile please complete the following steps.

1 Login 2 Accept Terms & Conditions 3 User Details 4 Create User Account 5 Confirm User Details 6 OneKey Activation 7 Acknowledgement

4. Create User Account

Please do not use browser [Back](#) / [Refresh](#) buttons

Please fill in the following information. Fields with * are compulsory.

Please note the following:

- » Password should follow the format of 8 to 24 characters with at least one digit, and one lower case letter.
- » Password may contain '\$', '@', '#', '!' special characters.

NAF Username* mohus1119261j920
NAF Password* [Masked] (P@ssw0rd)
Retype NAF Password* [Masked]

[Back](#) [Cancel](#) [Next](#)

Screen C4: Create Your NAF User Account

5. Confirm your details and Click “Next” to proceed.

The screenshot shows a mobile application interface on the left and a web browser interface on the right. The mobile app has a menu with options: 'Register for OneKey/SMS OTP', 'Check Registration Status', 'Activate OneKey/SMS OTP', 'List of Service Providers', and 'Terms and Conditions'. Below the menu are buttons for 'Log in via NAF' and 'Log in via SingPass'. The web browser shows the 'Activate' page with a progress bar indicating steps 1 through 7. Step 5, 'Confirm User Details', is currently active. It displays the following information: Online Service Provider: Ministry Of Health(End User), Username: mohus1119261920, Full name: [redacted], Identification Type: SP-SPONSORED, Identification No.: [redacted], Country of Issue: Singapore. Below this is the 'Registered Address' section with details: Block/House No.: 222, Level & Unit No.: #4 - 222, Building Name: MYBUILDING1, Street Name: PASIR RIS ST 22, and Postal Code: 510222. Navigation buttons 'Back' and 'Refresh' are visible at the top of the form.

Screen C5: Confirm User Details

6. Enter your Token Serial Number and OTP (One Time PIN). Click “Submit” to proceed.

Your Token Serial Number will be at the back of the token.

Press and hold button “1” on your token to generate your 8-digits OTP.

The screenshot shows the mobile app interface on the left and the web browser interface on the right. The mobile app menu is the same as in Screen C4. The web browser shows the 'Activate' page with the progress bar at step 6, 'OneKey Activation'. It prompts the user to fill in the following information: OneKey Serial No. (VA- 2 6 - 4 6 0 0 9 0 0 - 6 (VA-26-4600123-4)) and OTP* (11111111). A red arrow points to the 'Submit' button. The 'Back', 'Submit', and 'Cancel' buttons are at the bottom.

Screen C6: OneKey Activation

7. Upon successful activation, you will see the acknowledgement screen.

The screenshot shows the mobile app interface on the left and the web browser interface on the right. The mobile app menu is the same as in Screen C4. The web browser shows the 'Activate' page with the progress bar at step 7, 'Acknowledgement'. It displays a message: 'Your account with username mohus1119261920 has been successfully created. Your OneKey with serial no. VA-26-4600900-6 has been successfully activated. An email will be sent to you shortly at [redacted]@moh.gov.sg.' Below this, it says 'Next Steps: Please proceed to link your OneKey with your sponsored Service Provider. Note that your mobile has not been activated for SMS OTP. Please log in and activate your mobile through the 'Update Profile' option.' At the bottom are buttons for 'Link to Service Providers', 'Print', and 'Close'.

Screen C7: OneKey Activation