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| **APPLICATION FORM FOR THE ACCREDITATION OF SPECIALIST PHARMACIST** |

Instructions to the Pharmacist:

1. **An applicant must be registered as a pharmacist with the Singapore Pharmacy Council (“SPC”) holding full registration and practising in Singapore before he/she can be considered for specialist accreditation.**
2. A pharmacist seeking accreditation as a specialist must submit to the (Pharmacy) Specialists Accreditation Board (“PSAB”) Secretariat one copy (electronic) of the completed application form and current curriculum vitae (CV) that contains all necessary information in support of the application for specialist accreditation (please refer to Appendix 1). The PSAB reserves the right to not review an application which does not contain all the necessary information specified in Appendix 1.
3. Pharmacists seeking accreditation in Critical Care Pharmacy and Paediatric Pharmacy will need to submit case logs and case write-ups (if applicable), completed multi-source feedback (MSF) assessment forms and other relevant supporting documents in support of their application. Pharmacists may refer to the ‘Criteria for Specialist Pharmacist Accreditation’ section on the PSAB website at <http://www.healthprofessionals.gov.sg/psab> for the specifications of the required case logs, case write-ups and MSF assessment, and to download the related form templates.
4. The PSAB will issue the pharmacist with a certificate of specialist accreditation if it is satisfied that the pharmacist has met the necessary competency standards to be a specialist. The PSAB reserves the right to verify the information submitted in the pharmacist’s application form with the academic bodies, pharmacy regulatory authorities or the employer(s) listed therein.
5. Upon obtaining the certificate of specialist accreditation, the pharmacist may apply to SPC to be registered as a specialist in such branch of pharmacy as the SPC considers appropriate. More information on specialist registration can be found on the SPC website at http://www.healthprofessionals.gov.sg/spc.
6. Please refer to the ‘Further Information’ section on the PSAB website at <http://www.healthprofessionals.gov.sg/psab> or email PSAB Secretariat at [PSAB@spb.gov.sg](mailto:PSAB@spb.gov.sg) should you have any queries. The softcopy of the application form should be submitted to the PSAB Secretariat at [PSAB@spb.gov.sg](mailto:PSAB@spb.gov.sg).

**Date received: Application No**.:

(For official use)

**Application Form for Specialist Pharmacist Accreditation**

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| **Application for accreditation in:** |  | | | | | | | |
|  | (Please select only ONE specialty from Annex A) | | | | | | | |
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| **Section A: Personal Particulars**  **Please fill in all the required information.** | | | | | | | | |
| **Name:** | | |  | | | | | |
| **NRIC/ Passport No:** | | |  | | | | | |
| **Country of Birth:** | | |  | | | | | |
| **Current Nationality:** | | |  | | | | | |
| **Date of Birth (dd/mm/yy):** | | |  | | | | | |
| **Gender:** | | | **Male** | | | **Female** | | |
| **PRN No:** | | |  | | | | | |
|  | | | **(*Please note that an applicant must be registered as a pharmacist with the Singapore Pharmacy Council (SPC) holding full registration and practising in Singapore before he/she can be considered for specialist accreditation.)*** | | | | | |
| **Email Address:** | | |  | | | | | |
| **Home Number:** | | |  | | **Mobile Number:** | |  | |
| **Office Number:** | | |  | | **Fax Number:** | |  | |
| **Mailing Address:** | | |  | | | | | |
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| **Section B: Educational and Professional Qualifications**  **Please fill in all the required information.** | | | | | | | | |
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| **Qualifications inclusive of Certifications in specialty area** | | **Year (YYYY)** | | **Conferring Institution** | | | | **Country** |
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| **Section C: Completion of Specialty Training Programmes**  **Please fill in this section if you have completed any specialty related training programme e.g., residency** | | | | |
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| **Programme** | **Year** | **Duration** | **Training Institution** | **Country** |
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| **Section D: Current Appointment in a Hospital/Institution in Singapore**  **(Exclude visiting appointments)**  **Please fill in all the required information.** | | | | |
| **Appointment:** | |  | | |
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| **Hospital/Institution:** | |  | | |
| **Department:** | |  | | |
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| **Section E: Relevant Work Experience in the specialty area applied for**  **Please fill in all the required information.** | | | | |
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| **Year** | **Country** | | **Hospital/Institution** | **Appointment** |
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| **Section F: Declaration by Applicant** | | |
| I declare that the particulars stated in this application form 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.  I hereby also acknowledge that the Pharmacy Specialists Accreditation Board (PSAB) reserves the right to verify the information and documents submitted with my application form, with the academic bodies or the employer(s) listed by me, and that the outcome of my application may be disclosed to my current employer in Singapore. | | |
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| **Signature of Applicant\*** |  | **Date (dd/mm/yy)** |
| **Section G: Endorsement by Head of Department of Applicant’s Current Employer** | | |
| I support and endorse the pharmacist’s application for specialist accreditation. | | |
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| **Signature of HOD\*** |  | **Date (dd/mm/yy)** |
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| **Name of HOD** |  |  |

\*: Digital signature is allowed.

**Annex A**

**Pharmacy Specialties**

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| 1. | Cardiology Pharmacy |
| 2. | Critical Care Pharmacy |
| 3. | Geriatric Pharmacy |
| 4. | Infectious Diseases Pharmacy |
| 5. | Paediatric Pharmacy |
| 6. | Psychiatric Pharmacy |
| 7. | Oncology Pharmacy |

**Appendix 1**

Together with the application form, the applicant must submit his/her curriculum vitae (CV) detailing his/her contributions to the specialty in the following areas:

1. **Clinical service delivery**

Applicant must demonstrate that he/she possesses the knowledge, skills and competencies of a specialist in the specialty that the applicant is applying to be accredited for. Applicant shall set out in detail his/her clinical practice including his/her job scope/description, including roles and contributions in clinical pharmacy service provision, medication use process improvement, clinical pathway or practice guidelines development, institutional or national committees, e.g., Pharmacy & Therapeutics Committee or National Antimicrobial Taskforce, etc.

1. **Education and training**

Applicant shall set out in detail the types of education, training and/or professional development programs (i.e. certificate programs, short courses, and residency) that he/she provides to other healthcare professionals (i.e. medical, nursing and other allied health professionals), students, patients and public in the specialty that the applicant is applying to be accredited for. Applicant shall also provide details of other educational materials developed such as drug information monographs, articles or summary reports. Applicant shall describe his/her nature and level of involvement in these educational activities, including the role, frequency and duration of participation, and awards received (if any).

1. **Participation in research**

Applicant shall set out in detail his/her research roles and contributions to the specialty that the applicant is applying to be accredited for. The contributions can include presentations made at national or international scientific meetings and/or publications of peer-reviewed reports and/or serving as a reviewer or editor for scientific/profession publications for that specialty. Applicant may also include the research grants awarded for his/her research.

1. **Any other significant contributions**

Applicant may wish to provide details on any awards which he/she has received and other significant contributions made to the specialty.