Application for Specialist Status of the College of Pharmacy Practice

Instructions to Applicants

1. All applications must be completed in full. *Not-applicable* should be inserted whenever information required cannot be provided for reasons other than omission or failure.

2. Applicant must be a member of the College of Pharmacy Practice before application for Specialist status.

3. All documents required in support of the application must be submitted. All applications should be accompanied by the appropriate *Appendix* designed for the specific specialty being applied for.

4. All diplomas must be certified true copies by either a lawyer, an accountant, a registered pharmacist, a registered medical doctor or Head of Department or Chief of Service under whom the applicant currently works. Applicants may also personally present their diplomas to a current Council Member of the College of Pharmacy Practice for certification.

Documents Required

Each of the followings must accompany this application for consideration by the Academic Board

- Photocopy of annual practicing certificate issued by the Pharmacy & Poisons Board of Hong Kong or annual practicing certificate issued by other countries (certificate issued by overseas authority is only acceptable if the applicant is not a registered pharmacist in Hong Kong)
- Photocopy of certificate issued by overseas board of specialty
- CV of applicant

Endorsement from Supervisor / Fellow of College of Pharmacy practice:

1. The statement regarding the 2000 hours accumulated in the professional activities must be endorsed by the applicant’s supervisor or Head of department (Appendix 1).

2. The supervisor/ Head of department or a Fellow of College of Pharmacy Practice should be identified to comment on the applicant with regard to his/her
   (i) Professional competence, knowledge and skills;
   (ii) Personal character, including integrity; and
   (iii) Interpersonal relationship, ability to work harmoniously with colleagues, and whether he/she is responsible and conscientious, and should conclude on the suitability of the applicant for Specialist status.

Declaration before Witness

The captioned declaration, which serves to confirm the information provided, must be submitted together with the application.

Fees

(i) The application fee of HKD500 must accompany the application, the cheque should be payable to “The College of Pharmacy Practice Limited”.
APPLICATION FOR SPECIALIST STATUS

This form should be completed and returned to

Secretary
The College of Pharmacy Practice
13/F., Kingsfield Centre, 18 Shell Street, North Point, Hong Kong

All items should be completed in chronological order. Enter “NA” for “Not applicable” where appropriate. Use additional sheets as necessary.

Surname ___________________________ Given Name(s)(in full) __________________________

Name in Chinese(WHERE APPLICABLE)________________________ Title _______ Gender ______

CPP Membership No.__________ Pharmacist Registration No._______ Year:____ Country of Registration_______

Mailing address _________________________________________________________________

____________________________________________________________________________________

Email address______________________________________________________________

Tel No. ___________________________ Pager No/Mobile Phone No. __________________________

Current position & institution ______________________________________________________

I would like to apply for application of the specialist status in
☐ Oncology
☐ Paediatrics

Documents Required

Each of the followings must accompany this application for consideration by the Academic Board. Tick against items enclosed with this form.

☐ Photocopy of annual practicing certificate issued by the Pharmacy & Poisons Board of Hong Kong or annual practicing certificate issued by other countries (acceptable only if the applicant is not a registered in Hong Kong)

☐ Photocopy of certificate issued by overseas board of specialty

☐ CV of applicant

Academic Degrees

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<thead>
<tr>
<th>Subject</th>
<th>Institution</th>
<th>City</th>
<th>Country</th>
<th>Date Graduated</th>
<th>Degree</th>
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Application for Specialist Status 14/12/2016
Postgraduate Training and Work Experience within the past 5 years

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<th>Institution</th>
<th>Location</th>
<th>Specialty</th>
<th>Position</th>
<th>Supervisor</th>
<th>Inclusive Dates</th>
<th>Duration</th>
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Specialist Qualifications  (from overseas organizations)

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<th>Certificate Title</th>
<th>Country</th>
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Professional Association/ Society Memberships

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<th>Association/Society</th>
<th>Office Held (If any)</th>
<th>Dates</th>
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Has your pharmacy license ever been suspended or terminated?  
Have you ever had disciplinary action taken against you at any time by pharmaceutical societies, academic institutions, government agencies or pharmacy college/ councils?  
Have you ever been convicted of a felony or other serious crimes?  
Explain fully on separate page if reply is “Yes” to any of the above.
I hereby certify that all information recorded on this application and attached documents is accurate and supports my qualifications for specialist status in the College of Pharmacy Practice for which I now apply. I hereby agree that the College of Pharmacy Practice may verify any of the above data. If elected, I agree to conform to the Constitution and Bylaws of the College.

Authorisation for Release of Information

I hereby consent to the release by any hospital, educational institution, governmental agency, pharmaceutical, professional society, or other person possessing or requiring the same whether or not listed above, of any and all information in any way pertaining to my personal character, training, experience or professional competence.

I hereby release from any liabilities and any and all individuals and organisations or their authorised representatives who provide this information in good faith and without malice subject to this consent.

I hereby release from all liabilities the College of Pharmacy Practice and any and all individuals for their acts performed in good faith and without malice in connection with the evaluation of my application and my credentials and qualifications.

Applicant’s Signature ____________________________ Date ____________

Fellows of the College of Pharmacy Practice or Head of department/Supervisor’s Endorsement on the applicant’s professional competence, personal character and interpersonal skills.

As a referee in support of this application, I certify that I have reviewed this application and found it accurate to the best of my knowledge. The applicant is perceived to possess high quality in professional competence, personal character and interpersonal skills.

Brief comments on the following areas of the applicant:

Professional competence, knowledge and skills:

______________________________________________________________________________

______________________________________________________________________________

Personal character, including integrity:

______________________________________________________________________________

______________________________________________________________________________

Interpersonal relationship skills:

______________________________________________________________________________

______________________________________________________________________________

Full Name of Supervisor /Fellow:________________ Signature ______________________

Position:________________________ Institution:________________________

Date________________________

Email address ______________ Phone no.______________________________

Applications will not be processed without the above information.
Personal Data (Privacy) Ordinance Notification

(a) The personal data provided by means of this form will be used for the purposes of the use within the College of Pharmacy Practice Limited for purposes of membership / specialist status application. Apart from this, the data may only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.

(b) You have the right to request access to and the correction of the personal data in accordance to the Personal Data (Privacy) Ordinance. A fee may be imposed for complying with a data access request.

(c) Enquiries concerning the personal data provided, including the making of access and corrections, should be addressed to the College of Pharmacy Practice

TO

THE COLLEGE OF PHARMACY PRACTICE

Declaration by Applicant applying for specialist status

I, _________________ (Name), holder of Hong Kong ID No ____________ of ____________________________ (Address), the undersigned, do solemnly and sincerely declare that the facts submitted herein for the purpose of assessment for College specialist status are correct. My consent is hereby given to the College, whenever it deems necessary, for the release of the above-mentioned data to the relevant authority/authorities and to visit/call at the Institutions where I have had practised or am practising for the purpose of verifying the above data.

I make this declaration conscientiously

Declared at

) ) )

) ) )

) )

) (Mr/Ms/Dr )

) )

this day of

)

Before me,

Name of Witness____________________ Signature____________________

For Official Use Only

Secretary: Application form received on (date): __________________ (Sign):________________________

Approval: The application was approved / not approved by the Academic Board on: __________________ (date)

(Sign)_________________ (Name)_________________ (Chairman or Officer on behalf)

Treasurer: Cheque no:______________ Received by:(sign)______________________________