



# 香港藥劑專科深造學院

## The College of Pharmacy Practice

13/F., Kingsfield Centre, 18 Shell Street,

North Point, Hong Kong

E-mail: admin@cpp.org.hk

Websites: http://www.cpp.org.hk

### Membership Application Form

#### Membership Status

Ordinary  Associate

Photograph

#### Personal Information

Information provided should be the SAME as the that printed on the HKID card.

All information will be kept strictly confidential and be used for application and activities of the College only.

Name: \_\_\_\_\_ Chinese Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
Last name/Surname first

HKID Card / Passport No (Optional): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Province/Country of Registration as a pharmacist \_\_\_\_\_ Registration No: \_\_\_\_\_ HK P&P Board Registration No: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Tel: (Home) \_\_\_\_\_ (Office) \_\_\_\_\_ (Mobile/Pager) \_\_\_\_\_

Fax: (Home) \_\_\_\_\_ (Office) \_\_\_\_\_ e-mail: \_\_\_\_\_

**\*You must provide an e-mail address for future communication**

#### Company/Institution Information (For application by companies/institution as associate member)

Name of Company/  
Institution: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
\_\_\_\_\_

Business Registration No: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Tel No: \_\_\_\_\_ e-mail: \_\_\_\_\_

#### Academic and Professional Qualifications

	<u>Institution</u>	<u>Qualification</u>	<u>Year Obtained</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

#### Current Practice Setting - Please check where appropriate:

Academic  Hospital Authority  Local Manufacturer  International Manufacturer  Others  
 Community  Private Hospital  Trading/Wholesale  Government/Civil Service



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### **PCCC Membership** - Please indicate if you are interested in (check where appropriate):

- Receiving the Pharmacy Central Continuing Education Committee (PCCC) C.E. article by email. (Free of charge)

#### **Please check the following before sending out your application form**

- One recent passport size photograph of the applicant  
 Copies of certificates of academic and professional qualifications  
 Proof of registration as a pharmacist: (copy of Certificate of Registration with the Pharmacy and Poisons Board of Hong Kong or registration certificate in other countries)  
 Crossed cheque made payable to "The College of Pharmacy Practice Limited"

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Cheque enclosed (No):** \_\_\_\_\_ **Bank:** \_\_\_\_\_

#### **Fees:**

1. Ordinary member entrance fee: HKD500.00 **Plus** Membership Fees (See below):  
Associate member entrance fee: HKD500.00 **Plus** Membership Fees (See below):

	<u>1 Year Membership Fees</u>	<u>3 Years Membership Fees</u>
Ordinary members	\$500	\$1200
Associate Members	\$400	Not Applicable

- The Entrance Fee applies to new members upon their application only.

2. Processing Time:

New Membership Application	6 to 8 weeks
Membership Renewal	4 to 6 weeks
Change of membership detail	3 to 4 weeks

3. Membership detail synchronizes with PCCC membership database regularly.  
Please note that only processed membership detail will be sent to PCCC.

#### **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 / fellowship 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

#### ***For Official Use Only***

**Secretary:** Application form received on (date): \_\_\_\_\_ (Sign): \_\_\_\_\_

**Approval:** The application was **approved / not approved** by the General Council at the General Council Meeting  
on: \_\_\_\_\_ (date)  
(Sign) \_\_\_\_\_ (Name) \_\_\_\_\_ (Chairman or Officer on behalf)

**Treasurer:** Cheque no: \_\_\_\_\_ Received by: (sign) \_\_\_\_\_

**Membership** Membership No: \_\_\_\_\_

**coordinator:**