

**THE COLLEGE OF PHARMACY PRACTICE**

**APPLICATION FOR SPECIALIST STATUS (PAEDIATRIC)**

**Professional Activities**

A minimum of 2000 hours in the following areas in paediatric specialty have been achieved with proof from supervisor or head of pharmacy department:

Professional activities	Total hours accumulated within the past 5 years
<p><b><i>Direct Patient Care</i></b></p> <p>Examples :</p> <ul style="list-style-type: none"> <li>✧ Participation in clinical rounds, multidisciplinary ward rounds or case/ journal discussions to design, monitor, and evaluate patient specific pharmaceutical care plan</li> <li>✧ Pharmacist-led consultation clinic, direct patient counseling or patient education seminars/ support groups</li> <li>✧ Clinical screening and verification of medication orders</li> <li>✧ Input on clinical nutritional requirements</li> </ul>	
<p><b><i>Education, Training, and Research</i></b></p> <p>Examples :</p> <ul style="list-style-type: none"> <li>✧ Involvement in review, standardization or development of related Medication Administration Records (MARs), dosing references, administration guidelines, protocols or patient care pathways</li> <li>✧ Provision of drug information to healthcare professionals</li> <li>✧ Provision of medication education (could be in the form of newsletter or bulletins) or presentations to healthcare professionals</li> <li>✧ Compilation/ updating of patient education materials</li> <li>✧ Related research projects or collaborations and drug use evaluations</li> </ul>	
<p><b><i>Other activities</i></b></p> <p>Examples :</p> <ul style="list-style-type: none"> <li>✧ Supervision of compounding of total parenteral nutrition preparations (TPNs) and Parenteral Intravenous Admixture Service (PIVAS) for paediatric patients</li> <li>✧ Participation in re-engineering of/ quality assurance program on drug distribution system or risk management initiatives to uphold therapeutic efficacy and safety in paediatric population</li> <li>✧ Involvement in maintaining and updating of the local drug formulary affecting the paediatric population</li> <li>✧ Contribution to the paediatrics-related conferences or seminars</li> </ul>	

I hereby certify that the applicant (Name: \_\_\_\_\_) has achieved a minimum of 2000 hours in the above listed professional activities.

Full Name of Supervisor: \_\_\_\_\_ Signature \_\_\_\_\_

Position: \_\_\_\_\_ Institution: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Date: \_\_\_\_\_

*Applications will not be processed without the above information.*