



## Application for Fellowship 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.
2. Applicant must be a member of the College of Pharmacy Practice before application for Fellowship.
3. Documentation: All documents required in support of the application must be submitted and the appropriate boxes ticked clearly on the first page.
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.

### Documentation

Each of the following must accompany this application for consideration by the Fellowship Committee.

1. Photo of the applicant taken within one year
2. Photocopy of Pharmacy diploma(s)
3. Letter(s) and/or diploma(s) verifying postgraduate training
4. Letter(s) and/or diploma(s) verifying academic appointment(s), where applicable
5. Letter(s) and/or diploma(s) verifying hospital appointment(s), where applicable
6. Letter(s) and/or diploma(s) verifying specialty training
7. Two letters of reference, one each from the proposer and the seconder. At least one of the referees must be a Fellow of the College of Pharmacy Practice
8. The other letter of reference could be another Fellow of the College of Pharmacy Practice or the current or previous training supervisor and/or department head, where applicable
9. CV of the applicant (Optional)

### Referee’s Endorsement (This section must be read by all referees)

1. Referees must be Fellows of the College of Pharmacy Practice or supervisor of the applicant.
2. Referees must be able 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 Fellowship. Applications will not be processed without the above information.

**Declaration before Witness**

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

**Application Fee**

- (i) The application fee of HKD1,000 must accompany the application, the cheque should be payable to “The College of Pharmacy Practice Limited”.
- (ii) The applicant will be notified within 6 to 8 weeks. If the application is accepted, a Membership fee of HKD500 is payable annually.



# College of Pharmacy Practice

## 香港藥劑專科深造學院

13/F, Kingsfield Centre, 18 Shell Street, North Point, Hong Kong

香港北角蜆殼街十八號, 嘉昌商業中心 13 樓

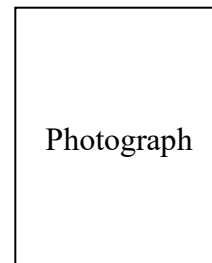
Website: [www.cpp.org.hk](http://www.cpp.org.hk)

Fax 傳真: (852) 3708 8553

E-mail 電郵: [admin@cpp.org.hk](mailto:admin@cpp.org.hk)

### Application / Nomination for Fellowship

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 \_\_\_\_\_ Sex \_\_\_\_\_ Marital Status \_\_\_\_\_ (M/S/W)

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Nationality \_\_\_\_\_ HKID Card/Passport No. (optional) \_\_\_\_\_

Membership No. \_\_\_\_\_ Pharmacist Registration No. \_\_\_\_\_ Country of Registration \_\_\_\_\_

Home address \_\_\_\_\_

Email address \_\_\_\_\_

Office address \_\_\_\_\_

Tel No. \_\_\_\_\_ Mobile Phone No. \_\_\_\_\_

Current position & institution \_\_\_\_\_

I wish to be accredited as Fellow in the Specialty of (*Please tick where appropriate*) or *Please describe your unique practice and/or research areas where you have made significant contributions to the profession*

Internal Medicine

Drug Information

Cardiology

Health Economics

Diabetes

Health Informatics

Infectious Diseases

Pharmacovigilance & Drug Safety

Oncology

Primary Care / Community Health

Geriatrics

Quality Assurance / Regulatory Affairs

Paediatrics

Description below:

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### Documentation

The following must accompany this application for consideration by the Fellowship Committee. Tick against items enclosed with this form.

- Photocopy of Pharmacy diploma(s)
- Photocopy of annual practicing certificate with the Pharmacy & Poisons Board of HKSAR
- Photocopy of annual practicing certificate in other countries
- Letter(s) and/or diploma(s) verifying postgraduate training
- Letter(s) and/or diploma(s) verifying academic appointments(s), where applicable
- Letter(s) and/or diploma(s) verifying hospital appointment(s), where applicable
- Letter(s) and/or diploma(s) verifying specialty training or work experience in specialty area
- Two letters of reference, one each from the proposer and the seconder (at least one letter must be from a Fellow of the College of Pharmacy Practice and the other from current or previous training supervisor and/or department head)
- CV of applicant (Optional)

### Academic Degrees

Education	Institution	City	Country	Date Graduated	Degree

### Postgraduate Training and Work Experience

Institution	Location	Specialty	Position	Supervisor	Inclusive Dates	Duration


**Specialist Qualifications**

Certificate Title	Country	Date Obtained

**Professional Association/ Society Memberships**

Association/Society	Office Held (If any)	Date

**Publications**

Please list your best five publications (such as papers in peer reviewed journals, books, book chapters, and published abstracts). Do not send reprints of articles, abstracts, etc.

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**Participation in or Attendance at Scientific Meetings/Conference in past three years**

Conference/Symposium	Location	Year	Duration (days)

Has your pharmacy license ever been suspended or terminated?

Yes       No

Have you ever had disciplinary action taken against you at any time by pharmaceutical societies, academic institutions, government agencies or pharmacy college / councils?

Yes       No

Have you ever been convicted for any criminal offence?

Yes       No

Explain fully on separate page if reply is "Yes" to any of the above.

**A short summary by applicant in support of meeting the criteria of Fellowship**

I hereby certify that all information recorded on this application and attached documents are accurate and support my qualifications for Fellowship 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.

**Authorization 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 organizations or their authorized 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 \_\_\_\_\_

**Referee's Endorsement**

*Please state in one sentence the reason for the nomination. For example, "For exemplary leadership in unifying the pharmacy professional societies."*

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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.

Proposer (Supervisor of applicant, or Fellow of the College of Pharmacy Practice)

Proposer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (in full) \_\_\_\_\_ Email address \_\_\_\_\_ Phone no. \_\_\_\_\_

Secunder (Supervisor of applicant, or Fellow of the College of Pharmacy Practice)

Secunder's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (in full) \_\_\_\_\_ Email address \_\_\_\_\_ Phone no. \_\_\_\_\_

**Personal Data (Privacy) Ordinance Notification**

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.

- (a) 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.
- (b) 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 Fellowship Applicant**

I, \_\_\_\_\_ (Name), holder of Hong Kong ID /Passport No. \_\_\_\_\_  
of \_\_\_\_\_ (Address),

the undersigned, do solemnly and sincerely declare that the facts submitted herein for the purpose of assessment for College Fellowship 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 for the College 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 General Council at the General Council Meeting on: \_\_\_\_\_ (date)  
(Sign) \_\_\_\_\_ (Name) \_\_\_\_\_ (Chairman or Officer on behalf)

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

Fellowship no. \_\_\_\_\_