

# **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”.

## ***THE COLLEGE OF PHARMACY PRACTICE***

### **APPLICATION FOR SPECIALIST STATUS**

This form should be completed and returned to

**Secretary**

**The College of Pharmacy Practice**

**13/E., 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
- Internal Medicine

### **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
- Cross cheque of \$500 made payable to "The College of Pharmacy Practice Limited"

**Academic Degrees**

Subject	Institution	City	Country	Date Graduated	Degree

**Postgraduate Training and Work Experience within the past 5 years**

Institution	Location	Specialty	Position	Supervisor	Inclusive Dates	Duration

**Specialist Qualifications** (from overseas organizations)

Certificate Title	Country	Date Obtained

**Professional Association/ Society Memberships**

Association/Society	Office Held (If any)	Dates

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 of a felony or other serious crimes?  Yes  No

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 \_\_\_\_\_

<b><i>For Official Use Only</i></b>	
<b>Secretary:</b>	<i>Application form received on (date):</i> _____ <i>(Sign):</i> _____
<b>Approval:</b>	<i>The application was <b>approved</b> / <b>not approved</b> by the Academic Board on:</i> _____ <i>(date)</i> <i>(Sign)</i> _____ <i>(Name)</i> _____ <i>(Chairman or Officer on behalf)</i>
<b>Treasurer:</b>	<b>Cheque no:</b> _____ <b>Received by:(sign)</b> _____