



Doctor of Pharmacy (PharmD)

Application Packet

DEPARTMENT OF PHARMACY
FACULTY OF SCIENCE
NATIONAL UNIVERSITY OF SINGAPORE

Contents Page

Instructions to Applicant 3

General Information about the Programme 5

Application Checklist 9

Application Fee Form 10

Application Form 11

Transcript Request Form 20

Referee Letter 21

INSTRUCTIONS TO APPLICANT

Introduction

The following information has been prepared to assist in the filing of application for admission to the NUS Doctor of Pharmacy (PharmD) programme. For more information, please visit the programme website at www.pharmacy.nus.edu.sg. Alternatively, queries may be directed to:

The Administrator
NUS Doctor of Pharmacy (PharmD) programme
Department of Pharmacy, Faculty of Science
National University of Singapore
18 Science Drive 4
Singapore 117543

Email: phabox2@nus.edu.sg

Enclosed are:

- General Information on Programme
- Application Checklist
- Application Fee Form
- Application Form
- Referee Letter (3 sets)
- Transcript Request Form

Application Procedures

2 sets of application forms must be completed, with passport-sized photographs and copies of each of the supporting documents listed below for each set. Please complete the application form in English.

Please provide the information directly in the application form, instead of making referral to curricular vitae or other supporting documents. Any omission of information required in the application forms or supporting documents will render the application void and should be avoided. Students found to have given inaccurate information may be required to withdraw from the programme.

Applicant's full name should be written on the first page of every document and any variation in the name that appears in any of the documents should be highlighted.

Supporting Documents

1. GCE 'A' Level certificate or its equivalent
2. Degree certificates and other diplomas or certificates used in support of the application.

3. Transcripts of academic records from each university or college attended.
 - a) Original official transcripts should be provided and all other supporting documents must be CERTIFIED true copies. Only NUS Pharmacy graduates can submit certified true copies of the official transcripts of their academic records with their applications. Such certified true copies must be done at the Department of Pharmacy and originals must be presented during certification.
 - b) For foreign graduates, if you wish to submit your transcript together with your application form, the official transcript must be enclosed in a SEALED envelope with its flap bearing the security seal of the university and the signature of the Registrar or his representative.

 - c) You are responsible for requesting your transcript from the university concerned. Please use the enclosed Transcript Request Form for this purpose. If you have attended more than one university, you should make photocopies of the Transcript Request Form as required.
4. Pharmacist Registration Certificate(s).
5. Citizenship Certificate. (E.g. Singapore citizen certificate / Singapore Birth Certificate / Documentary proof of Permanent Residence / Dependent Pass / Employment Pass.)
6. Documentary evidence of financial support (E.g. bank statement / letter of confirmation from a sponsor / documentary evidence of scholarship or other awards obtained).
7. Email address is necessary for the department to correspond with applicants on issues related to the application, such as requesting for missing or additional documents.

Application Fee

A non-refundable fee of S\$100.00 (inclusive of GST) is payable for each application submitted.

Transcript Request Form

An official transcript of academic records is required from each university attended.

Referee Letter

3 sets of Referee Letters are required and to be provided in separate sealed envelopes.

GENERAL INFORMATION ABOUT THE PROGRAMME

NUS DOCTOR OF PHARMACY (PHARM D) PROGRAMME

INTRODUCTION

In response to the changing health care environment, Pharmacy as a profession is continually evolving to expand its scope of services and responsibilities to meet the needs of patients, health care systems, and other professionals. Traditionally, the primary responsibility of the pharmacist was the safe and accurate dispensing of drugs prescribed by the physician. Today, pharmacists are involved in the clinical care of their patients. To face the challenges in the practice of pharmacy in Singapore and abroad, pharmacists have to be equipped with not only the knowledge, but also the skills, attitudes and values required to deliver high quality, consistent and safe treatments to patients in collaboration with other health care professionals.

The primary objective of the NUS Doctor of Pharmacy (PharmD) Programme is to train pharmacy practitioners to possess leadership qualities, advanced expertise and clinical experience that enable them to be at the forefront of the Pharmacy profession and health care in a variety of settings - institutional, community practice, government, academia, industry, translational research and drug development. The curriculum emphasizes a patient-centered course of study and involves a structure that will enable the students to develop into reflective practitioners with skills and attitudes to evaluate critically and modify practices in a timely and effective manner.

PROGRAMME STRUCTURE

A) Length of study

The NUS PharmD Programme requires 2 full-time academic years of study consisting of 1 year didactic component and 40 weeks clerkships.

B) Curriculum

The didactic component of the programme consists of 12 modules, comprising 8 essential Level 5000 modules and 4 elective Level 5000 modules as described below:

Didactic Coursework

Essential Modules (44 MC)

- PR5113 Clinical Pharmacokinetics and Therapeutic Drug Monitoring (4 MC)
- PR5130 Advanced Pharmacotherapy I (Infectious Diseases, Neuropsychiatric Disorders) (4 MC)
- PR5131 Advanced Pharmacotherapy II (Thyroid Disorders, Gender Specific Diseases/Conditions, Cardiovascular Therapeutics, Emergency Medicine) (4 MC)
- PR5132 Advanced Pharmacotherapy III (Haematologic, Oncologic and Immunologic disorders) (4 MC)
- PR5133 Advanced Pharmacotherapy in Special Populations (Paediatric and Geriatric Diseases/Conditions) (2 MC)
- PR5134 Physical Assessment in Pharmacy Practice (4 MC)
- PR5135 Foundations in Advanced Pharmacy Practice (Literature Evaluation & Drug Information, Biostatistics, Research Methodology & Clinical Research) (4 MC)
- PR5136 PharmD Seminar (2 MC)

Elective Modules (16 MC) – undertake all coursework modules OR the clinical research project (PR5239) + coursework module(s)

- PR5230 Pharmacoeconomics and Outcomes Research (4 MC)
- PR5231 Complementary and Alternative Medicine (4 MC)
- PR5232 Nutrition, Disease Prevention and Health Promotion (2 MC)
- PR5233 Pharmacy Practice Management (4 MC)
- PR5234 Pharmacogenomics and Pharmacogenetics (4 MC)
- PR5235 Ethics in Pharmacy Practice (2 MC)
- PR5239 Clinical Pharmacy Research Project (12 MC)

Clerkships

All PharmD candidates must complete 40 weeks of clerkship consisting eight 5-week attachments at various practice settings. The clerkship component of the programme aims to provide hands-on application of the knowledge gained in the first-year modules, and to develop the clinical skills necessary to provide advanced pharmaceutical care.

a. **Compulsory clerkships (25 MC)** (5 weeks each, total of 25 weeks)

This will consist of clerkships in the following areas:

- PR5150 Ambulatory Care (5 MC)
- PR5151 Adult Acute Care Medicine (5 MC)
- PR5152 Adult General Medicine (5 MC)
- PR5153 Critical Care Medicine (5MC)
- PR5154 Drug Information (5 MC)

b. **Elective clerkships (15 MC)** (5 weeks each, total of 15 weeks)

This will consist of three 5-week attachments to allow students to gain exposure to a broad range of pharmacy practice settings, as well as to allow them to pursue areas of personal interest. Options for elective clerkships will depend on available resources and clerkship sites.

- PR5250 Elective Clerkship (5 MC)
- PR5251 Elective Clerkship (5 MC)
- PR5252 Elective Clerkship (5 MC)

C) Graduation Requirements

Candidates will need to complete 12 modules (44 MC) plus clerkships (40 MC) as indicated in the curriculum. The maximum candidature for a full-time student will be 3 years. To graduate with the PharmD degree, the candidate must have achieved a CAP of at least 3.5 for all 12 modules, in addition to passes for all eight clinical clerkships.

APPLICATION REQUIREMENT

Criteria for Admission:

- i. Candidates must be holders of the following degree, or its equivalent: Bachelor of Science in Pharmacy (Honours).
- ii. Candidates must have fulfilled the pre-registration pharmacist training requirements and registered to practise Pharmacy in Singapore.
- iii. Preference for those with relevant work experience as a pharmacist (hospital, community etc.)
- iv. Candidates will also be evaluated based on an interview, their written statement of career goals and at least three letters of recommendation.

Special Criteria for Admission:

- i. Candidates, who do not have Honours classification in the degree pre-requisites as stipulated above, may apply for admission with GRE results. Candidates, who hold equivalent degrees from overseas universities, may apply for admission with GRE and TOEFL results. Such candidates, if found to be suitable, would be submitted for approval by BGS on a case-by-case basis.
- ii. Candidates who have not read and passed the following 6 essential Pharmacy modules or their equivalents, will have to read and obtain good passes for them prior to admission.
 - PR1105 Pharmacy Practice I
 - PR3105 Pharmacotherapy I
 - PR3107 Pharmacy Practice II
 - PR4101 Pharmacotherapy II
 - PR4102 Pharmacotherapy III
 - PR4103 Pharmacy Practice III

FEES

The NUS PharmD course fee will be S\$70,000 for the 2-year programme.

Fees payable shall be self-financing. Employers of candidates may provide financial support.

APPLICATION CHECKLIST

Please be reminded to include the following documents in your application:

- Completed application form
- Completed application fee form (attached together with cheque/bank draft)
- Supporting documents (*to be arranged in the following order*)
 - Copy of Citizenship Certificate
 - Documentary evidence of financial support
 - Certified copy of professional certificates
 - Original/Certified copy of Bachelor's Degree transcript
 - Original/Certified copy of Bachelor's Degree Scroll
 - Three (3) referee forms in separate sealed and signed envelopes
** These documents should be sent to us in SEALED envelopes with its flap bearing the security seal of the university and the signature of the Registrar or his representative.*
 - Personal statement of career goals

REMINDER

Please ensure that all the application documents are mailed in time to reach National University of Singapore by the application deadline. The applicant is held responsible for the accuracy of the information provided.

DISCLAIMER

The information provided in prospectus is accurate as of Dec 2008.
The National University of Singapore reserves the right to make changes.

NATIONAL UNIVERSITY OF SINGAPORE

DEPARTMENT OF PHARMACY

APPLICATION FEE

1. A non-refundable fee of S\$100, inclusive of GST, is required for each application.
2. Cheque/bank draft should be made payable to *National University of Singapore*.
3. Please write your name, contact number, and purpose of payment on the reverse side of your cheque/bank draft.
4. Payment by telegraphic transfer should be avoided. Sending of cash is not encouraged.
5. Please note that your application will only be processed upon the receipt of the application fee.

PERSONAL INFORMATION

Name

(Dr/Mr/Mrs/Mdm/Miss/Ms)*

*Please delete accordingly

_____ (as in Identity Card / Passport) (Underline surname / family name)

Mailing
Address

Phone Number

Fax Number

Mobile Number

Email Address

For official use only

Date

Receipt Number

Received the sum of S\$100 in payment of the application fee for admission to the NUS PharmD Programme.

ADMISSION APPLICATION FORM

Name of Applicant (as it appears in NRIC/Passport and underline Surname/Family name)

Source of Advertisement (How did you come to know about the NUS and/or our graduate programme? Please include the reasons for choosing NUS and to which other university universities have you applied?)

Application Deadlines:

15 April

Financial Assistance (Please tick ✓ in the relevant box)

Self-Finance

(Documentary evidence of financial support in the form of a bank statement, a copy of recent payslip or a letter of confirmation from a sponsor must be enclosed.)

Sponsorship

(Please Specify

_____)

A letter of confirmation from a sponsor must be enclosed.

Acknowledgement of Application

An email will be sent to the applicant upon receipt of an application package. Please ensure that the email address stated in the application form is correct.

[1] PERSONAL PARTICULARS

Title : Mr. / Miss / Mrs / Madam

Full Name : _____
 (as in NRIC/ Passport or other Official Document)

Family Name / Surname : _____

Given Name : _____

Sex : Female Male Date of Birth (DD/MM/YYYY) : _____

Place of Birth : _____ NRIC/Passport No. : _____



Ethnic Group (Please tick ✓ in the relevant box)

<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Malay	<input type="checkbox"/>	Caucasian
<input type="checkbox"/>	Indian	<input type="checkbox"/>	Eurasian	<input type="checkbox"/>	Others (Specify _____)

Citizenship (Please tick ✓ in the relevant box)

<input type="checkbox"/>	Singaporean	<input type="checkbox"/>	Malaysian	<input type="checkbox"/>	India
<input type="checkbox"/>	Singapore PR	<input type="checkbox"/>	P R China	<input type="checkbox"/>	Others (Specify _____)

For Singaporean and Malaysian only (Please tick ✓ in the relevant box)

<input type="checkbox"/>	Singapore Pink	<input type="checkbox"/>	Malaysian Blue
<input type="checkbox"/>	Singapore Blue	<input type="checkbox"/>	Malaysian Pink

NS - Singaporean Only (Please tick ✓ in the relevant box)

<input type="checkbox"/>	Completed	(ORD : _____)	<input type="checkbox"/>	Disrupted	<input type="checkbox"/>	Not Applicable
<input type="checkbox"/>	Serving	(ORD : _____)	<input type="checkbox"/>	Exempted		

Marital Status (Please tick ✓ in the relevant box)

<input type="checkbox"/>	Single	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Widowed
<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	No. of children _____

Contact Information

Home Address:

Mailing Address:

(If different from
Home Address)

Email Address:

Tel No. (Home):

Tel No.

(Office):

Tel No. (Mobile):

Fax No.:

[2] PARTICULARS OF NEXT-OF-KIN

Name

(Mr./Miss/Mrs/Mdm):

Home Address:

Relationship:

Tel No.

(Home):

Tel No.

Tel No. (Office):

(Mobile):

[3] ACADEMIC QUALIFICATIONS

(Attach original/certified true copies of certificates, degrees and transcripts. Graduates of foreign universities, please use the attached transcript request form for official transcripts to be sent direct from your universities)

From	To	Institutions Attended	Degree	Class / Rank

[4] MEMBERSHIP OF PROFESSIONAL ORGANISATIONS

From	To	Organisation	Membership Status

[5] SCHOLARSHIPS, PRIZES OR OTHER AWARDS RECEIVED

From	To	Details	Organisation

[6] WORK EXPERIENCE, INCLUDE PRESENT OCCUPATION

From (Mth/Yr)	To (Mth/Yr)	Name & Location of Organisation (Indicate Department)	Title & Job Description

[7] MAJOR EXTRA-CURRICULAR ACTIVITIES / COMMUNITY ACTIVITIES

From	To	Activities	Office position held / Honours	Elected / Appointed

[8] LANGUAGES (Please tick \checkmark in the relevant box)

Languages	Spoken			Written		
	Fair	Good	Excellent	Fair	Good	Excellent

[10] OTHER INFORMATION (Please tick \checkmark in the relevant box)

(a) Will you be receiving financial support from other sources?

No

Yes (Please give details below)

Name of award: _____ Name of Sponsor: _____

Period of award: _____ Length of Bond (if any): _____ Amount of Award: _____

If yes, you are required to provide documentary evidence of financial support.

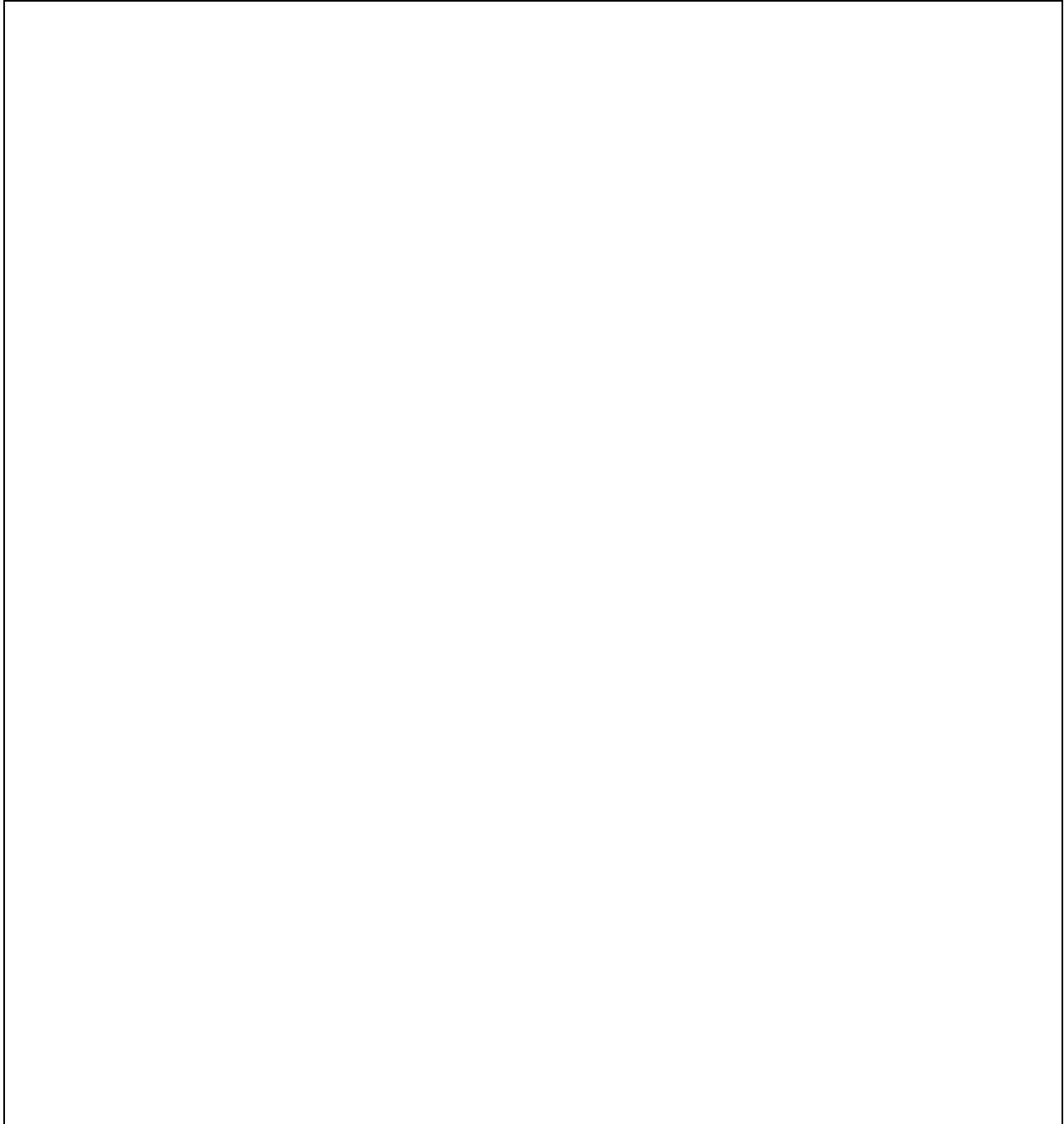
[11] REFEREES

(To applicant: Please suggest three referees. Submit the referee's forms in sealed envelopes together with this application forms.)

	Referee 1	Referee 2	Referee 3
Title:			
Name			
Organization			
Position Held			
Address			
Phone Number			
Email Address			

[12] PERSONAL STATEMENTS / LETTERS OF MOTIVATION

(To applicant: Discuss your academic and career objectives. If you are sponsored by your company, please describe the deliverables and objectives of the company sponsorship. Please use an additional sheet if necessary.)



DECLARATION

1. Have you ever been convicted of any offence by a court of law in any country or are there any court proceedings pending against you anywhere in respect of any offence?

Yes / No

2. Are you currently, or have you ever been, charged with or subject to disciplinary action for any type of misconduct, scholastic or otherwise, at any educational institution?

Yes / No

3. Are you currently, or have you ever been, under investigation or subject to enquiry in respect of any misconduct, scholastic or otherwise, at any educational institution?

Yes / No

If your answer to any or all of the above questions is yes, please provide a full statement of relevant information on a separate sheet of paper (and attach the relevant documents).

- I hereby declare that all information provided by me in connection with this application is true, accurate and complete.
- I understand that any inaccurate, incomplete or false information given or any omission of information required shall render this application invalid and NUS may at its discretion withdraw any offer of acceptance made to me on the basis of such information or, if already admitted, I may be liable to disciplinary action, which may result in my expulsion from NUS.
- I hereby authorise NUS to obtain and verify any part of the information given by me from or with any source, as it deems appropriate.

Signature

Date

Transcript Request Form

To: The Applicant

Please complete this section of the form and send it to the Registrar (or relevant person-in-charge) of the University from which you are requesting your transcript.

Applicant's Name: _____

Date of Birth: _____

Applicant's Address: _____

_____University: _____

Date of Enrolment:

From

To

Degree: _____

Date of Conferment: _____
_____*To: The Registrar / Person-In-Charge*

1. The person whose name appears above is applying for our Graduate Degree by coursework.
2. The application cannot be considered without an official academic records submitted by your University. This transcript must bear the stamp of your University and the name and signature of the Registrar or authorised person.
3. Subject to the rules governing your University, the transcript should include:
 - (a) Date of enrolment;
 - (b) A list of all subjects taken (with dates), and the grades obtained in each subject;
 - (c) Title of degree awarded and date of conferment;
 - (d) Rank in class;
 - (e) Interpretation or explanation of the grades, marks or scores.
4. If the transcript is in a language other than English, please provide an official translation.
5. **PLEASE DO NOT RETURN TO APPLICANT.** Please send the official transcript together with this form to the address below.

**NUS PharmD Programme
Department of Pharmacy**

**National University of Singapore
18 Science Drive 4
Singapore 117543**

REFEREE LETTER

(To applicant: You need to submit three (3) copies of referee's forms, which are sealed and signed individually.)

Name of Applicant

REFEREE INFORMATION:

Name	_____	Years known:	_____
Address	_____		

Country	_____	Postal code	_____
Email address	_____	Phone number	_____
Organization	_____	Position held	_____
	_____		_____

Dear Referee,

Thank you for writing on behalf of the candidate who is applying for the Doctor of Pharmacy (PharmD) programme in the National University of Singapore. Your views and assessments of the applicant's abilities and personalities serve useful and supportive functions in our evaluation for admission. Please write as fully as possible about the applicants. Your comments will be held completely confidential. Please seal and sign across the envelop flap. The applicant will submit the sealed, signed envelope to us as a part of the completed application package.

We sincerely thank your effort on the behalf of the applicants. Your evaluation is much appreciated.

Yours sincerely,

Admission Evaluation Committee

Department of Pharmacy, Faculty of Science

National University of Singapore

Evaluation of Applicant:

1. How long have you known the applicant and in what capacity?

2. Please indicate your impression on the applicant's commitment and ability to successfully complete the programme.

3. Please evaluate the applicant's in terms of qualities listed below. As a basis for comparison, please evaluate the applicant to his peers and colleagues at the same level.

Qualities	Unable to comment	Below average	Average	Good	Excellent	Outstanding
		Lower 50%	Top 50%	Top 25%	Top 10%	Top 3%
General ability						
English proficiency						
Verbal ability						
Written ability						
Analytical ability						
Intellectual ability						
Potential to grasp new idea						
Leadership						
Managerial potential						
Potential to manage complex projects						
Ability of work with other						
Emotional maturity						
Creativity						
Self-discipline						
Professional integrity						

4. Please make additional comments about the applicant's potential or personal qualities which you feel is valuable for the consideration of the admission committee. We are particularly interested in information not otherwise apparent in the applicant's record.

Signature

Date

REFEREE LETTER

(To applicant: You need to submit three (3) copies of referee's forms, which are sealed and signed individually.)

Name of Applicant

REFEREE INFORMATION:

Name

Years known:

Address

Country

Postal code

Email address

Phone number

Organization

Position held

Dear Referee,

Thank you for writing on behalf of the candidate who is applying for the Doctor of Pharmacy (PharmD) programme in the National University of Singapore. Your views and assessments of the applicant's abilities and personalities serve useful and supportive functions in our evaluation for admission. Please write as fully as possible about the applicants. Your comments will be held completely confidential. Please seal and sign across the envelop flap. The applicant will submit the sealed, signed envelope to us as a part of the completed application package.

We sincerely thank your effort on the behalf of the applicants. Your evaluation is much appreciated.

Yours sincerely,

Admission Evaluation Committee

Department of Pharmacy, Faculty of Science

National University of Singapore

Evaluation of Applicant:

1. How long have you known the applicant and in what capacity?

2. Please indicate your impression on the applicant's commitment and ability to successfully complete the programme.

3. Please evaluate the applicant's in terms of qualities listed below. As a basis for comparison, please evaluate the applicant to his peers and colleagues at the same level.

Qualities	Unable to comment	Below average	Average	Good	Excellent	Outstanding
		Lower 50%	Top 50%	Top 25%	Top 10%	Top 3%
General ability						
English proficiency						
Verbal ability						
Written ability						
Analytical ability						
Intellectual ability						
Potential to grasp new idea						
Leadership						
Managerial potential						
Potential to manage complex projects						
Ability of work with other						
Emotional maturity						
Creativity						
Self-discipline						
Professional integrity						

4. Please make additional comments about the applicant's potential or personal qualities which you feel is valuable for the consideration of the admission committee. We are particularly interested in information not otherwise apparent in the applicant's record.

Signature

Date

REFEREE LETTER

(To applicant: You need to submit three (3) copies of referee's forms, which are sealed and signed individually.)

Name of Applicant

REFEREE INFORMATION:

Name

Years known:

Address

Country

Postal code

Email address

Phone number

Organization

Position held

Dear Referee,

Thank you for writing on behalf of the candidate who is applying for the Doctor of Pharmacy (PharmD) programme in the National University of Singapore. Your views and assessments of the applicant's abilities and personalities serve useful and supportive functions in our evaluation for admission. Please write as fully as possible about the applicants. Your comments will be held completely confidential. Please seal and sign across the envelop flap. The applicant will submit the sealed, signed envelope to us as a part of the completed application package.

We sincerely thank your effort on the behalf of the applicants. Your evaluation is much appreciated.

Yours sincerely,

Admission Evaluation Committee

Department of Pharmacy, Faculty of Science

National University of Singapore

Evaluation of Applicant:

1. How long have you known the applicant and in what capacity?

2. Please indicate your impression on the applicant's commitment and ability to successfully complete the programme.

3. Please evaluate the applicant's in terms of qualities listed below. As a basis for comparison, please evaluate the applicant to his peers and colleagues at the same level.

Qualities	Unable to comment	Below average	Average	Good	Excellent	Outstanding
		Lower 50%	Top 50%	Top 25%	Top 10%	Top 3%
General ability						
English proficiency						
Verbal ability						
Written ability						
Analytical ability						
Intellectual ability						
Potential to grasp new idea						
Leadership						
Managerial potential						
Potential to manage complex projects						
Ability of work with other						
Emotional maturity						
Creativity						
Self-discipline						
Professional integrity						

4. Please make additional comments about the applicant's potential or personal qualities which you feel is valuable for the consideration of the admission committee. We are particularly interested in information not otherwise apparent in the applicant's record.

Signature

Date