

Healthcare Application and Licensing Portal (HALP)
Internet User Guide – New Application

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#### 1 OVERVIEW

Function	Role
Logging Into HALP	Licensee, Authorised User
Retrieving Latest Company Information From ACRA	Licensee, Authorised User
New Application	Licensee, Authorised User

### 1.1 Logging Into HALP

1. This section describes how to log into the system.

#### 1.2 Retrieving Latest Company Information From ACRA

1. This section describes how to get the latest company information from ACRA into HALP. This is only applicable to **Company** as the licensee type.

#### 1.3 Applying for a New HCSA Licence

#### **Prior to licence application**

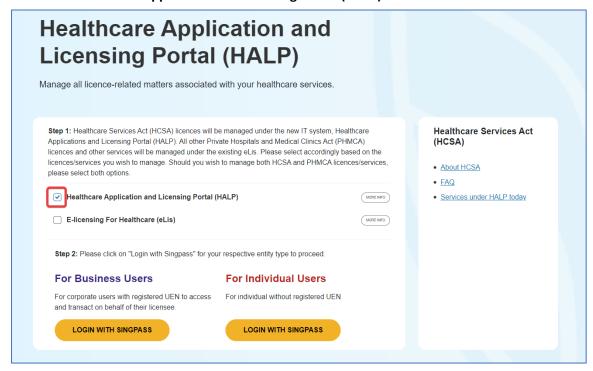
- 1. Applicants must submit their licence application at least **2 MONTHS** before the intended commencement date of their service.
- 2. Documents to prepare include:
  - Clinical Governance Officer's qualification (i.e., resumé)
  - Proof of authorisation (if the applicant is not the licensee)
  - Fire Safety Certificate
  - NEA licence (if the service includes any form of ionizing/ non-ionizing radiation)

#### **2 LOGGING TO HALP**

1. Navigate to HALP website

(https://halp.moh.gov.sg/main-web/eservice/INTERNET/FE Landing).

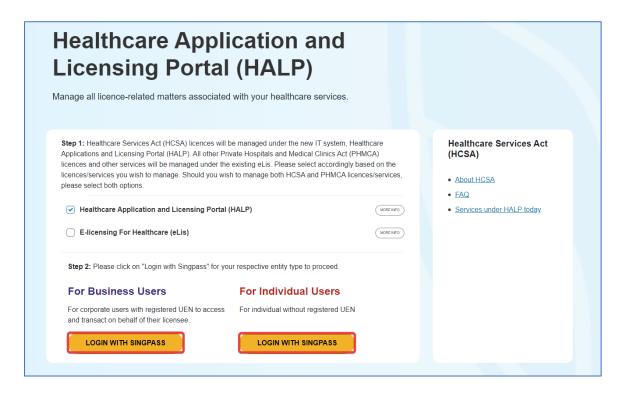
Select Healthcare Application and Licensing Portal (HALP).



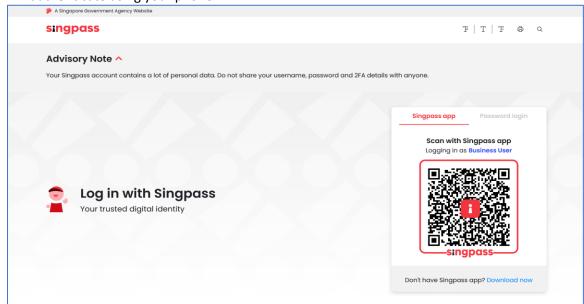
2. Click **LOGIN WITH SINGPASS** for either **Business Users** or **Individual Users**. In this example, we are logging in as an **Individual User**.

#### Note:

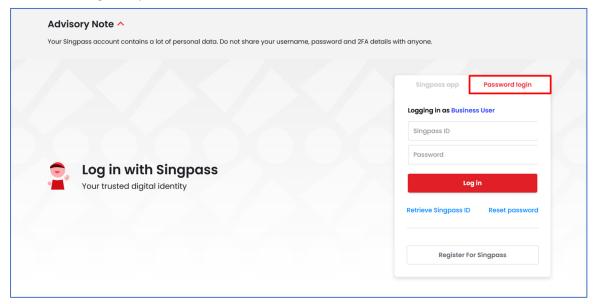
- For corporate users, please select **LOGIN WITH SINGPASS** under **For Business Users**. Otherwise, please select **LOGIN WITH SINGPASS** under **For Individual Users**.
- For individual users, you will be issued a UEN once your licence application is approved. Thereafter, please login as a **Business User**.
- The login process is the same for both Business and Individual users.



You will be directed to the Singpass Login Page.
 You may login to HALP by scanning the QR code with your Singpass app and proceed to authenticate using your phone.

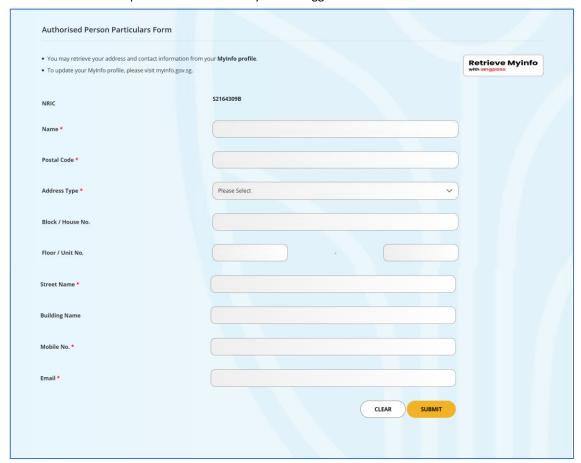


4. Alternatively, you may login to **HALP** using your **Singpass ID** and **Password**. Click on **Log In** to proceed.



### 3 INDIVIDUAL LICENSEE DETAILS

- 1. Once you have successfully logged in, you will be prompted to key in your personal details. Note:
  - Please skip to the next section if you had logged in as a **Business User**

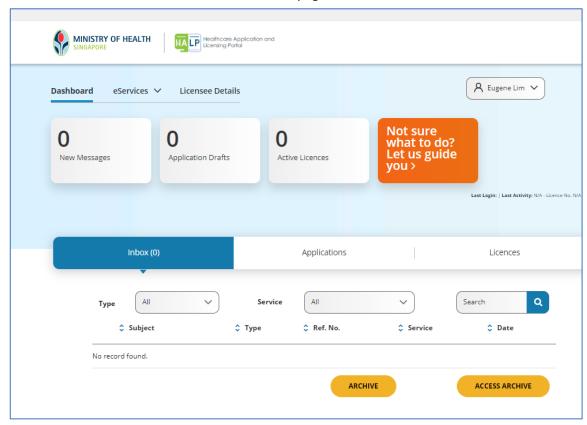


2. Proceed to fill up the necessary details. Click **Submit** when you are done. Authorised Person Particulars Form You may retrieve your address and contact information from your MyInfo profile. Retrieve Myinfo To update your MyInfo profile, please visit myinfo.gov.sg. NRIC Eugene Lim Name \* 319579 Postal Code \* Address Type \* Without Apt Blk Block / House No. Floor / Unit No. Street Name \* 11 Lor 3 Toa Payoh **Building Name** Mobile No. \* 68372822 eugenemedical124@gmail.com

CLEAR

SUBMIT

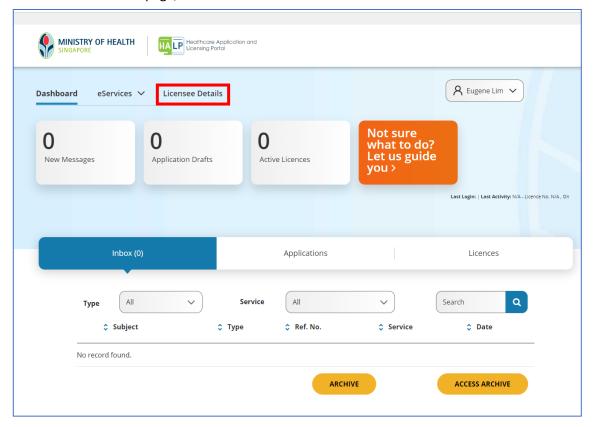
# 3. You will be directed to the HALP **Dashboard** page



### 4 RETRIEVE COMPANY INFORMATION FROM ACRA

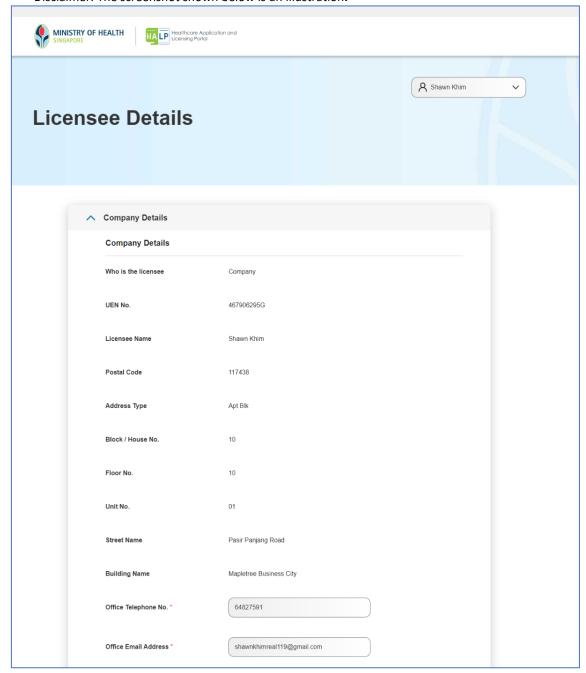
This is only applicable to Company as the licensee type.

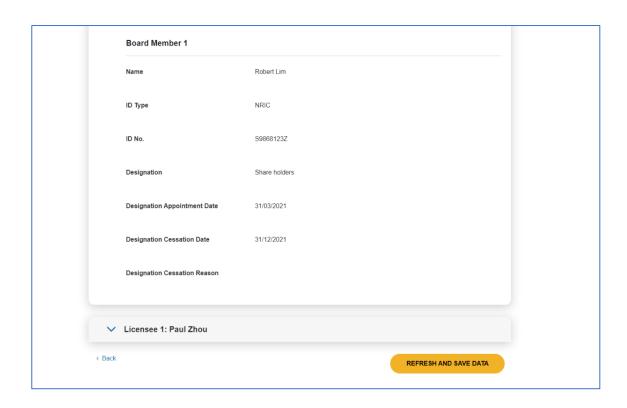
1. At the **Dashboard** page, click on **Licensee Details**.



- You will arrive at the Licensee Details page. Note:
  - Information in the Company Details section will be auto populated from ACRA. Hence, please
    ensure that all information other than Office Telephone No. and Office Email Address are
    updated first in ACRA.

Disclaimer: The screenshot shown below is an illustration.



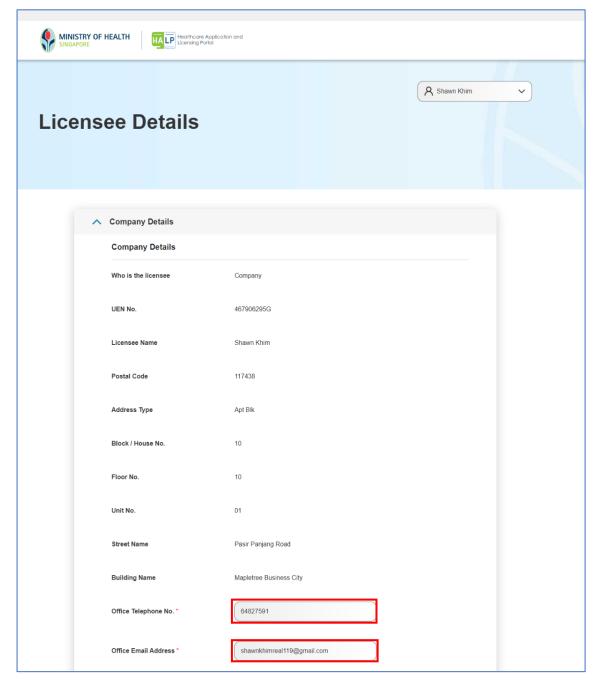


3. You can update the **Office Telephone No**. and **Office Email** by entering the values into the fields.

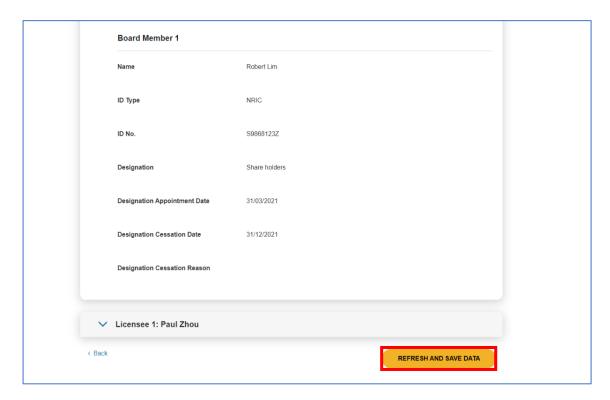
#### Note:

 The Office Telephone No. and Office Email Address will be retrieved from ACRA for the first time by default. Any subsequent updates to the Office Telephone No. or Office Email Address are based on the records in HALP.

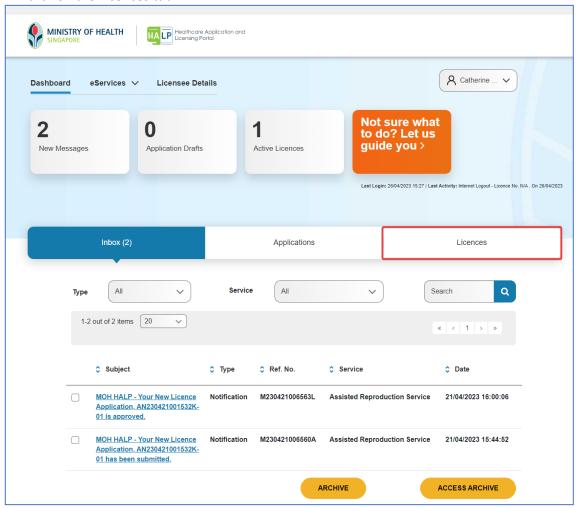
Disclaimer: The screenshot shown below is an illustration.



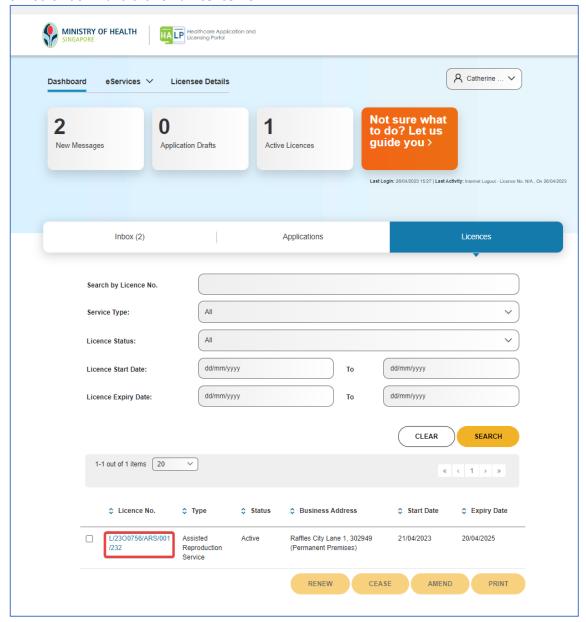
4. Scroll down to the bottom and click on **REFRESH AND SAVE DATA** to update all company details and board members from ACRA.



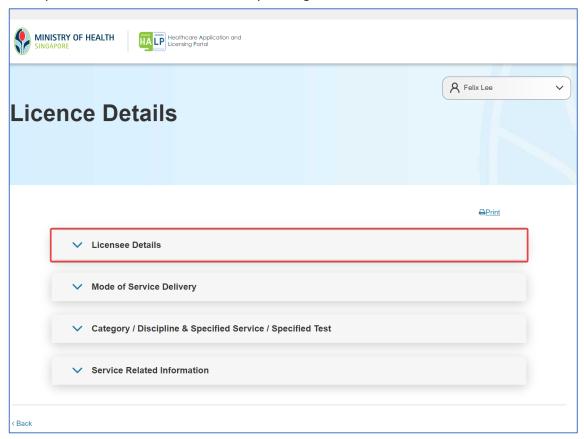
5. To view the updated company details in your licence(s), return to the **Dashboard** page and click on the **Licences** tab.



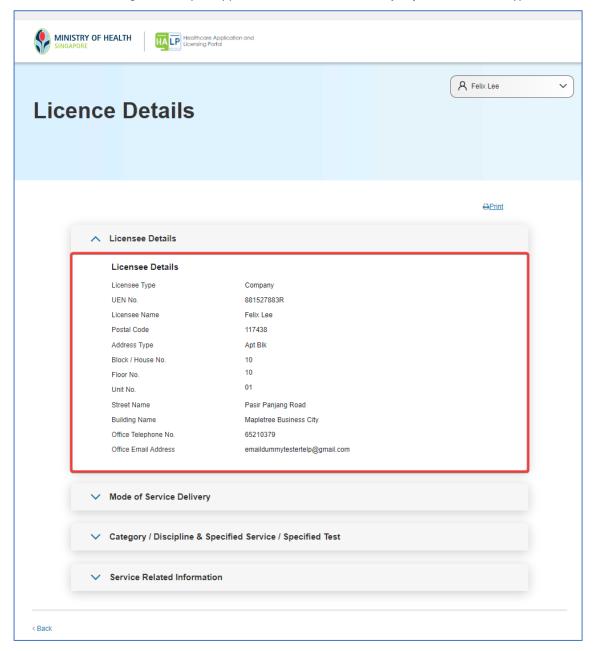
#### 6. Scroll down and click on a Licence No.



7. Expand the **Licensee Details** section by clicking on the **Licensee Details** tab.



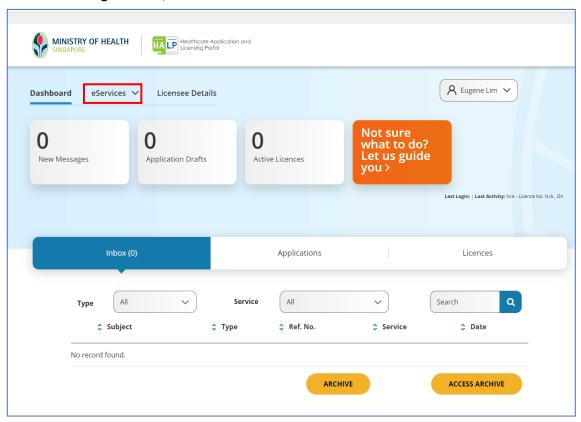
- 8. The updated licensee details will be displayed. Note:
  - The changes will only be applicable for licences with **Company** as the Licensee Type.



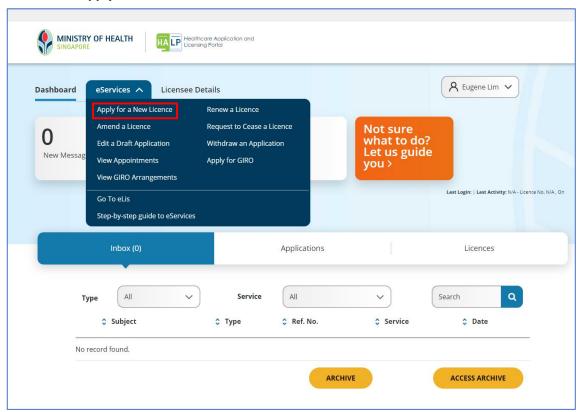
# **5 NEW APPLICATION**

### 5.1 Licensable Healthcare Service (LHS) Selection

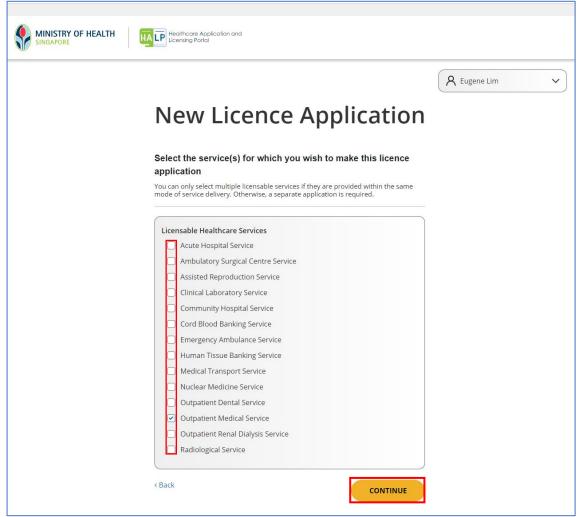
1. On the **Navigation** bar, click on **eServices**.



# 2. Click on **Apply for a New Licence**.

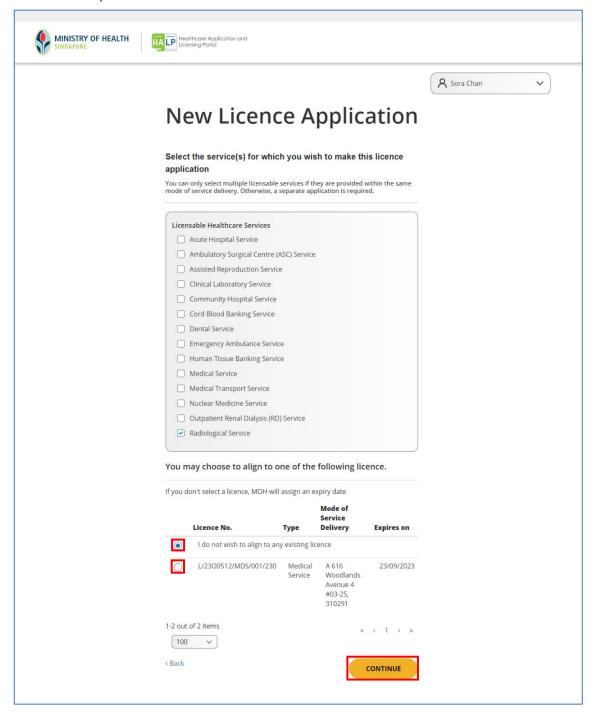


- 3. Select the licensable healthcare service that you wish to apply. Click **CONTINUE** to proceed Note:
  - You can select more than one LHS per application if they are provided within the same Mode of Service Delivery (MOSD)

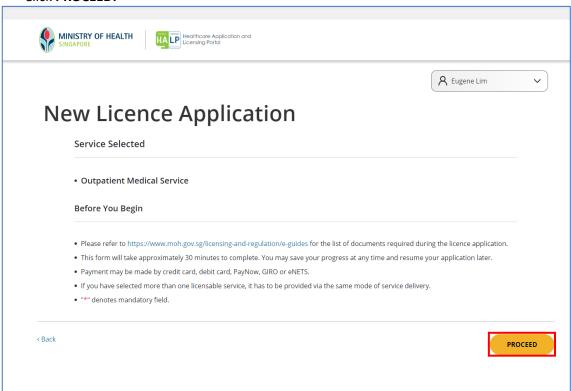


4. Should you have an existing licence, you would be prompted to indicate if you wish to align the expiry date of the new licence to the expiry date of your existing licence. You may do so by checking the radio button beside the Licence No. By doing so, the new licence will have the same expiry date as the selected existing licence. Alternatively, you may choose not to align to any licence by checking the radio button I do not wish to align to any existing licence.

Once done, click Continue.

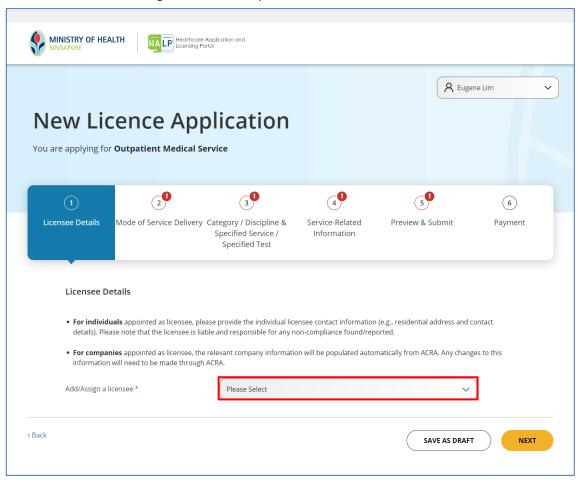


5. System will then display the licensable healthcare service (LHS) that you are applying for. Click **PROCEED.** 

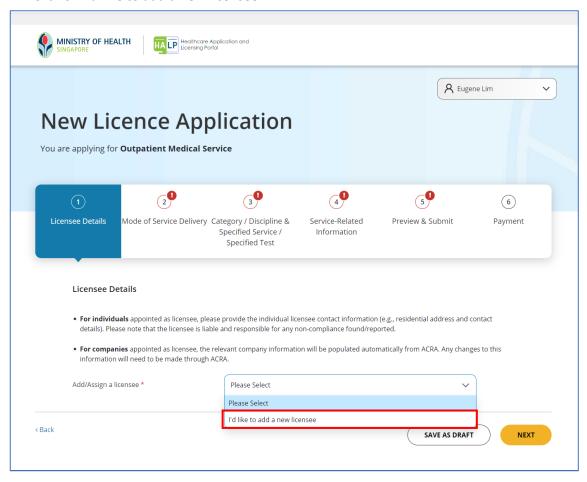


#### 5.2 Licensee Details

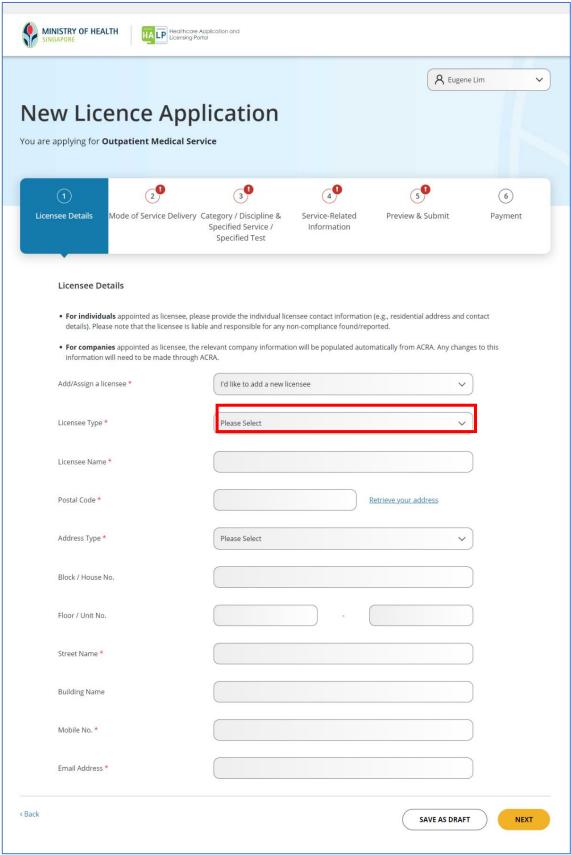
6. Click on the Add/Assign a licensee dropdown menu.



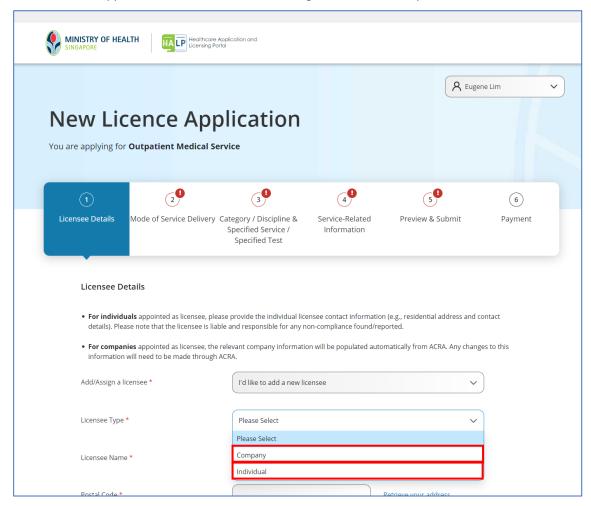
#### 7. Click on I'd like to add a new licensee.



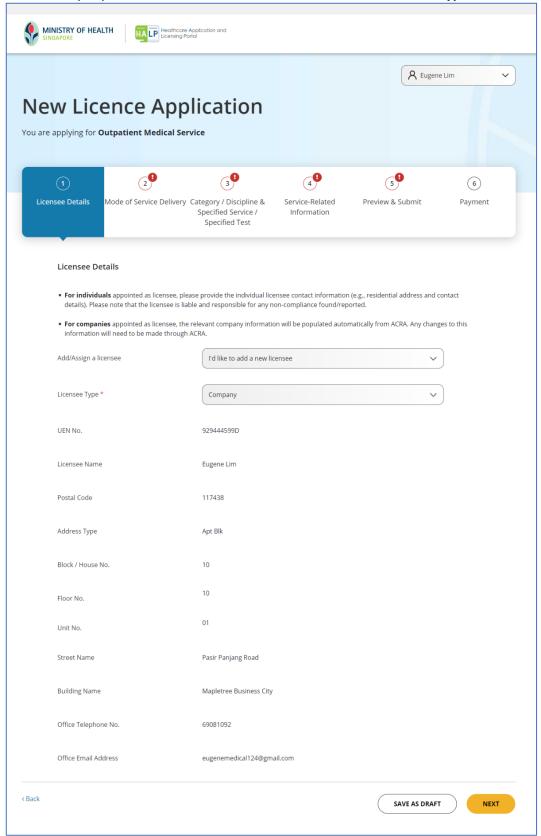
8. A form will appear below. Click on Licensee type



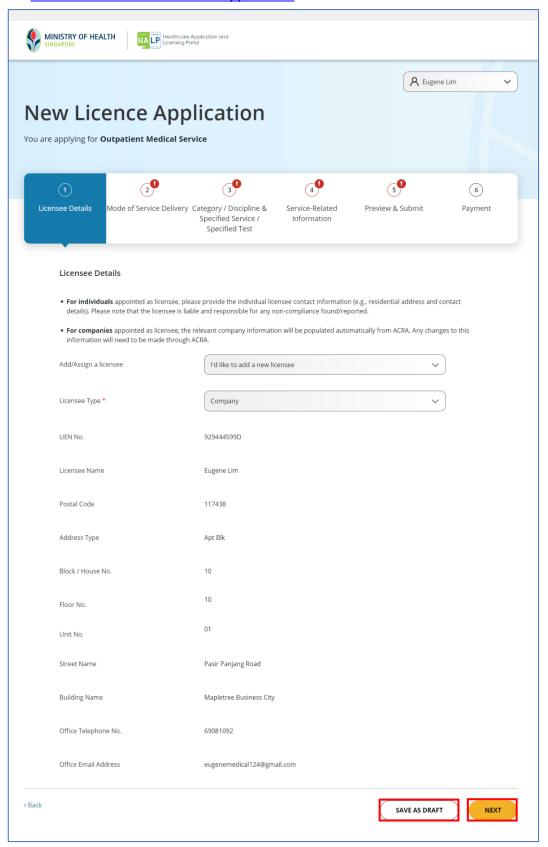
- 9. Choose either **Company** or **Individual** from the dropdown menu. Note:
  - For applicants that do not have an UEN registered with ACRA, please select Individual.



10. If **Company** was chosen for **Licensee Type**, information such as **address**, **office telephone number** and **office email address** will be retrieved from ACRA. Otherwise, applicants are to manually key in the information if **Individual** is selected for **Licensee Type**.



11. Click **NEXT** to proceed or click **SAVE AS DRAFT** to complete the application at a later time. Draft applications will be saved in HALP for 60 days. To resume from a draft, please refer to **Section 5.9 Resume from Draft Application.** 

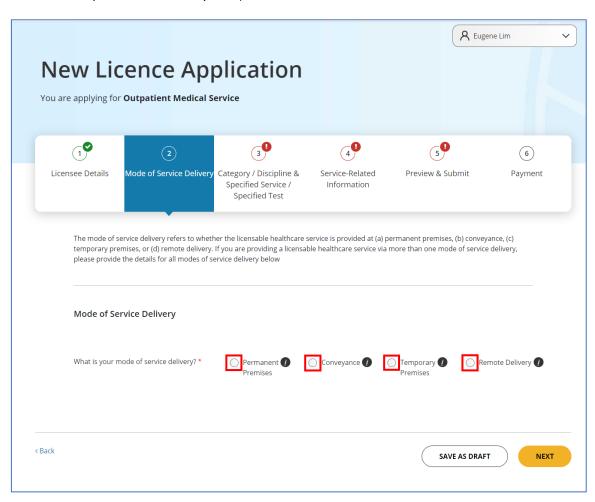


#### 5.3 Select Mode of Service Delivery (MOSD)

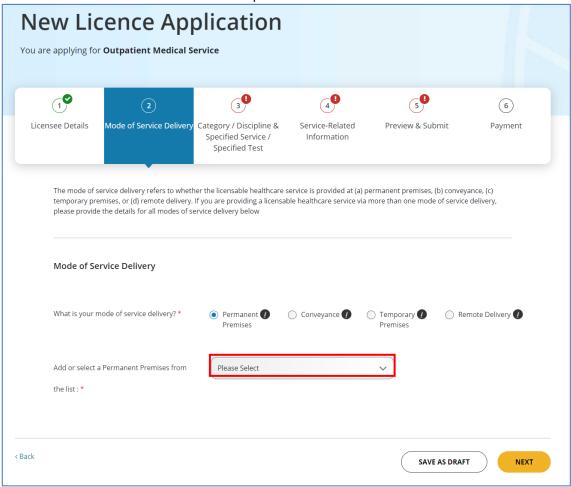
12. Select the MOSD of **Permanent Premises**, **Conveyance**, **Temporary Premises** or **Remote Delivery** for the new LHS application.

Note: Please refer to the definitions of MOSDs below.

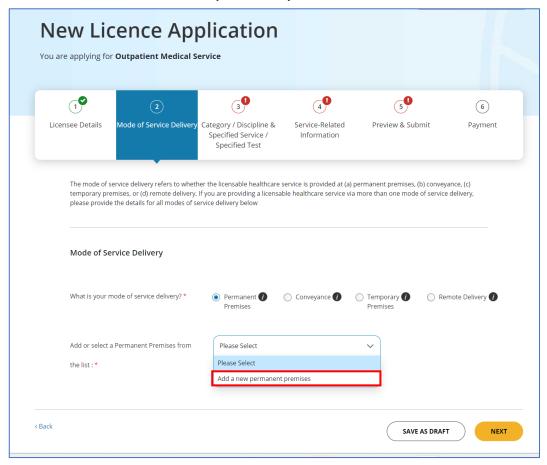
- Permanent Premises refers to a fixed premises that is used to provide a licensable healthcare service
- **Conveyance** refers to the service which will not be operated at a fixed location (E.g. Ambulance service).
- Temporary Premises refers to where a licensable healthcare service is provided from a location
  that is not a licensed permanent premises and may move from place to place throughout the
  duration of the licence. This will apply to services which are entirely mobile (i.e., the licensee
  does not provide a licensable healthcare service from licensed "permanent premises" or
  "conveyance").
- Remote Delivery refers to where a licensable healthcare service is provided only remotely, such as via virtual means whereby the doctor and the patient are not within the same physical space (e.g., teleconsultations). This will apply to services which are entirely remote or virtual (i.e., the licensee does not provide a licensable healthcare service from licensed "permanent premises" or "conveyance").



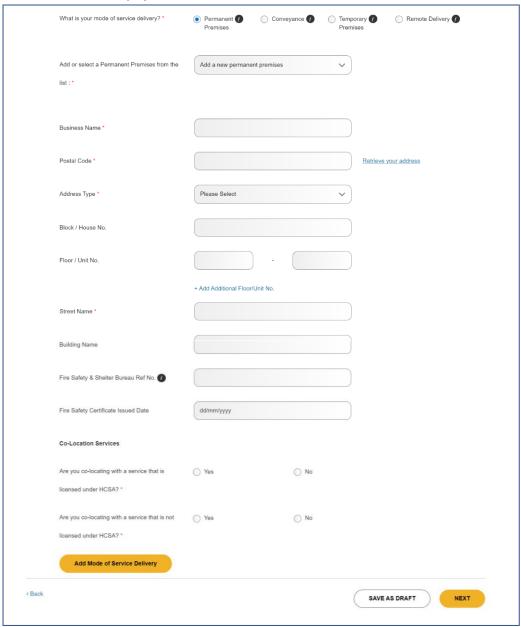
13. Once you have selected the MOSD, a form will appear below. Click on **Add or select a Permanent Premises from the list** dropdown.



14. Proceed to click on Add a new permanent premises.



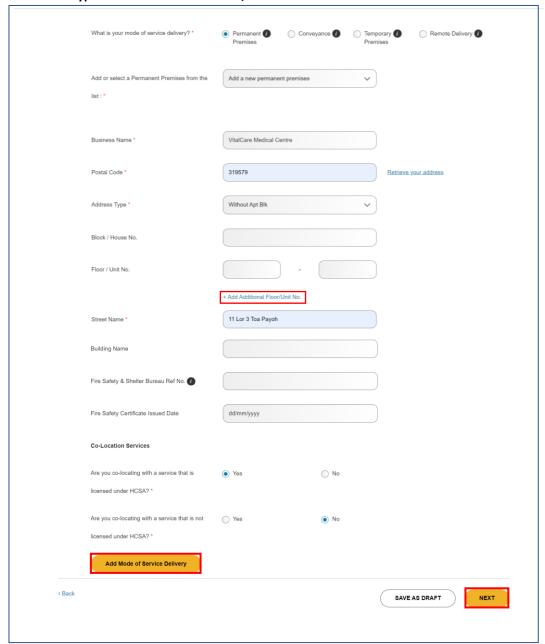
- 15. A form will be displayed. Proceed to key in the necessary details. Note:
  - If a previously entered premise address for **Add or select a mode of service delivery** field was selected, the service details that the premise address is tied to will be auto populated and all fields will not be editable.
  - The below screenshot shows that Add a new permanent premises is selected and an empty form is displayed



16. Once the fields are entered, you can choose to add another Mode of Service Delivery by clicking ADD MODE OF SERVICE DELIVERY and repeat steps 12 to step 15. Otherwise, click NEXT.

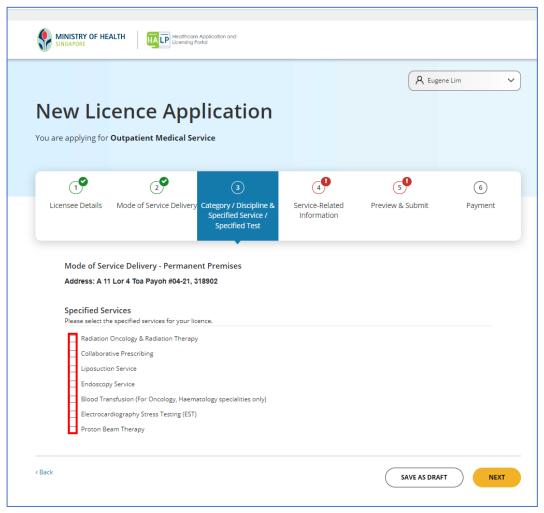
Note:

 You can add additional floor and unit no. by clicking the Add Additional Floor/Unit No. hyperlink below the field Floor / Unit No.

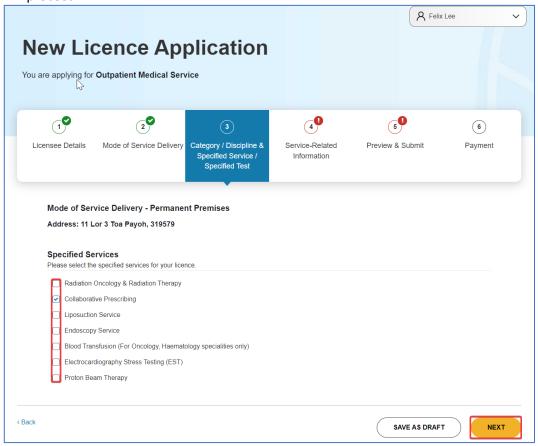


### 5.4 Category / Discipline & Specified Service / Specified Test

- 17. You will be directed to this page to select the Specified Services for your LHS licence application. Select the checkbox beside the service(s) that you wish to provide. Only Specified Services related to the LHS selected will be displayed. Note:
  - You may select more than one Specified Service.



18. Once you have selected the relevant **Specified Service(s)** for your licence, click **NEXT** to proceed.

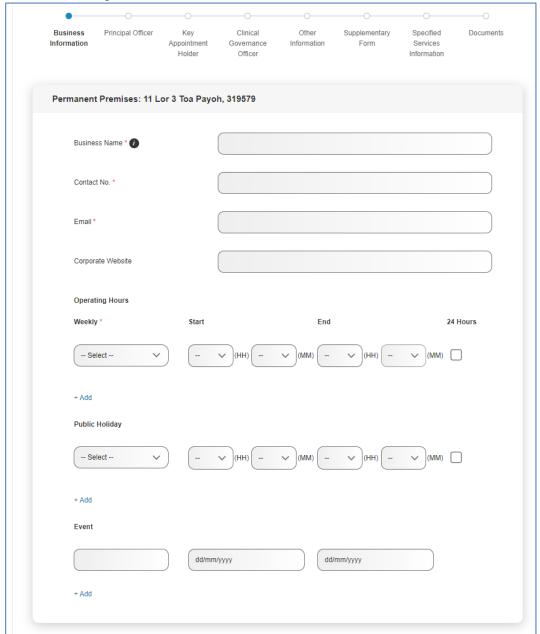


## 5.5 Service Related Information

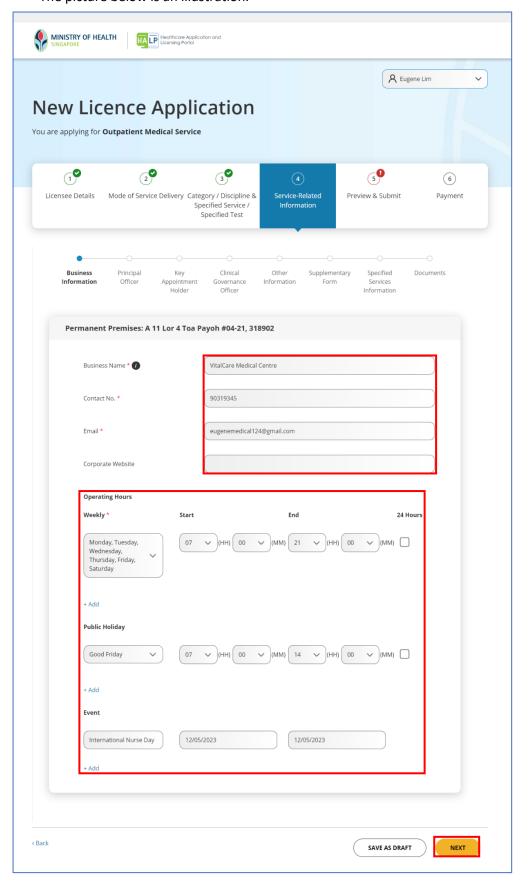
19. Fill in your Business Name, Contact No, Email, and Corporate Website.

Fill in the **Operating Hours, Public Holiday** and **Event** as well if it is applicable. Note:

• **Events** are for situations whereby the service will be unavailable for a period of time e.g. due to being overseas



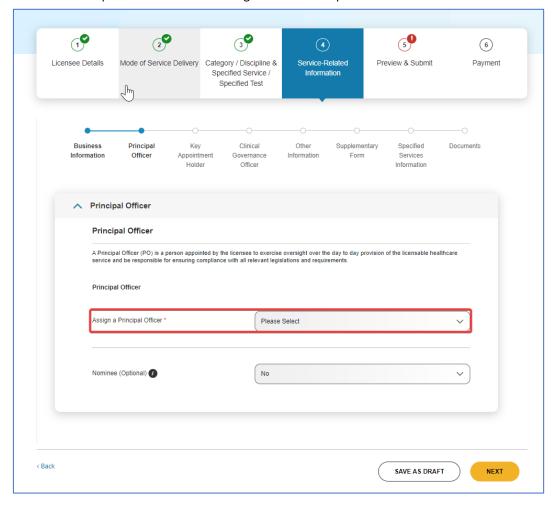
20. Once all relevant information is entered, click **NEXT.**The picture below is an illustration.



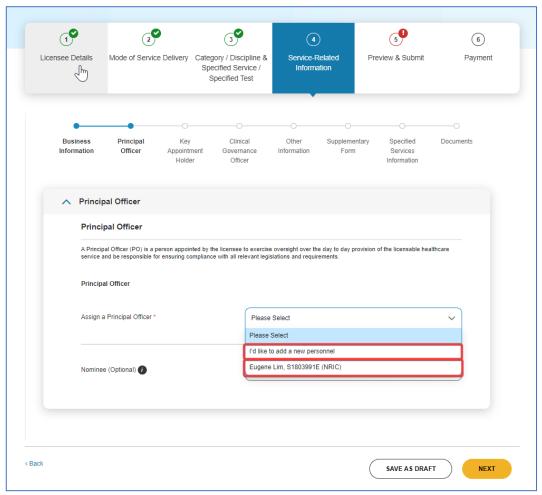
21. Click Assign a Principal Officer dropdown to assign a Principal Officer (PO).

### Note:

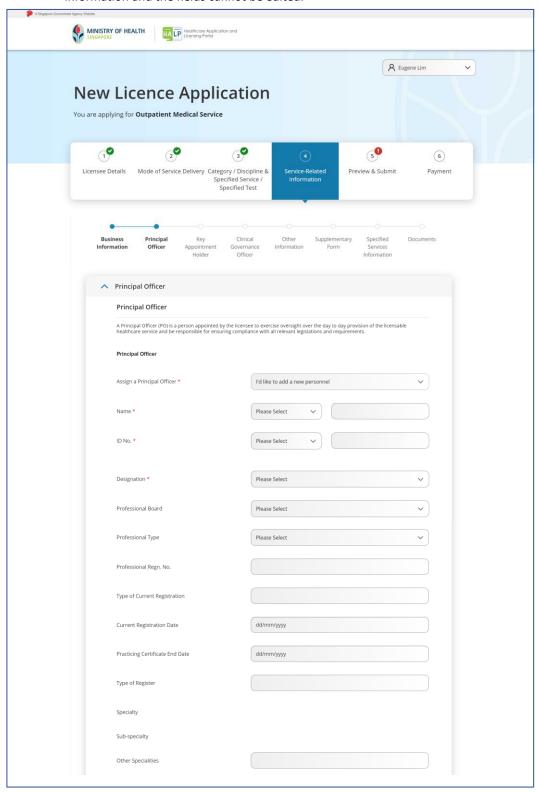
• A **Principal Officer (PO)** is a person appointed by the licensee to exercise oversight over the day-to-day provision of the licensable healthcare service and be responsible for ensuring compliance with all relevant legislations and requirements.

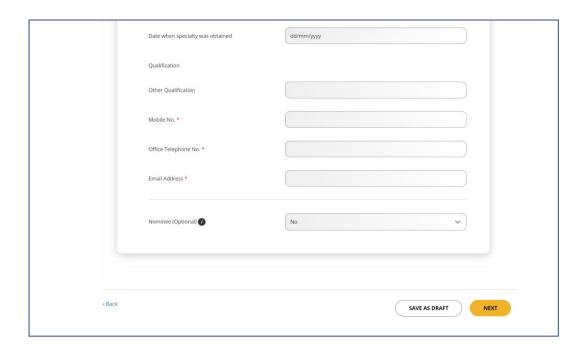


22. Select an existing personnel to be the PO by clicking on an existing **personnel** in the dropdown list or add a new PO by clicking on **I'd like to add a new personnel**.



- 23. After selecting **I'd like to add a new personnel**, a blank form will appear below. Note:
  - If you had selected an existing personnel, the form will be auto populated with that personnel's information and the fields cannot be edited.

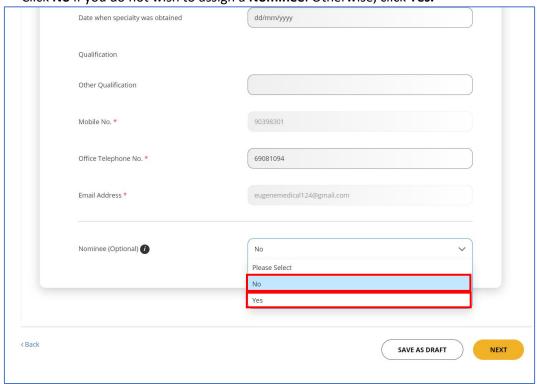




- 24. You will be directed to enter the information for **Nominee**. Note:
  - A **Nominee** is an individual who is authorised by the licensee to make decisions pertaining to the licence of the licensee's behalf. The nominee should only exercise his/ her powers should the licensee unfortunately demises. The nominee can be a family member of the licensee and can be unrelated to the business.

Should the licensee be a solo individual, you are required to assign a Nominee.

Click No if you do not wish to assign a Nominee. Otherwise, click Yes.

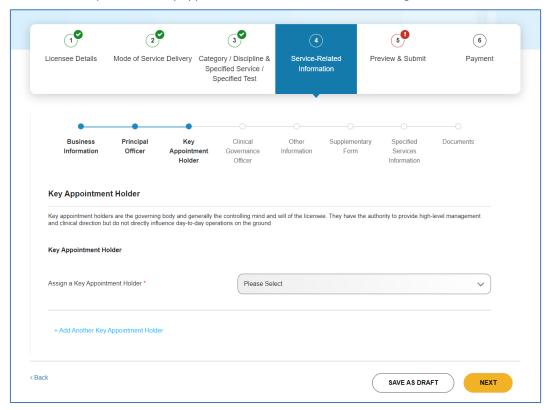


25. You can select an existing personnel to be the **Nominee** by clicking on that **personnel particular** in the dropdown menu or add a new **Nominee** by clicking on **I'd like to add a new personnel**. Repeat step 21 to 23 and fill in the necessary fields.

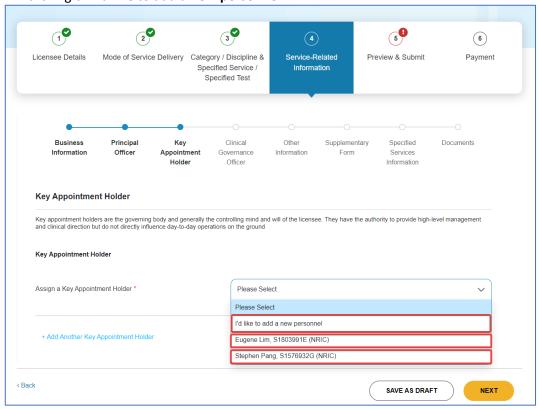
Once you are done filling in the necessary fields for Nominee, click NEXT.

Nominee	
Assign a Nominee *	I'd like to add a new personnel
Assign a voluntee	I diline to add a frew personner
Name *	Please Select V
ID No. *	Please Select V
Designation *	Please Select 🗸
Professional Board	Please Select
Professional Type	Please Select
Professional Regn. No.	
Type of Current Registration	
Current Registration Date	dd/mm/yyyy
Practicing Certificate End Date	dd/mm/yyyy
Type of Register	
Specialty	
Sub-specialty	
Other Specialities	
Date when specialty was obtained	dd/mm/yyyy
Qualification	
Other Qualification	
Mobile No. *	
Office Telephone No. *	
Email Address *	
+ Add Another Nominee	

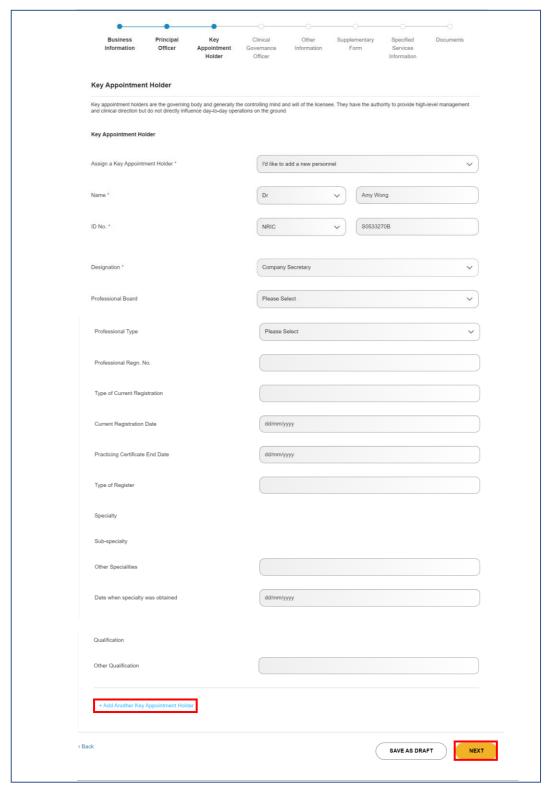
- 26. You will be directed to enter the **Key Appointment Holder** information. Note:
  - **Key appointment holders** are the governing body and generally the controlling mind and will of the licensee. They have the authority to provide high-level management and clinical direction but do not directly influence day-to-day operations on the ground. If the licensee is a corporate, the key appointment holders will be the ACRA-registered directors.



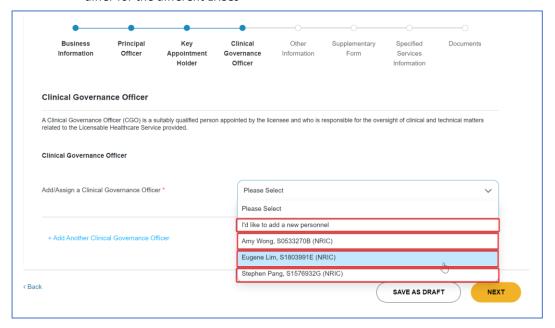
27. You can select an existing personnel to be the **Key Appointment Holder** by clicking on that **personnel particular** in the dropdown menu or add a new **Key Appointment Holder** by clicking on **I'd like to add a new personnel**.



- 28. Once you have filled in the required fields for **Key Appointment Holder**, click **NEXT**. Note:
  - Should you have multiple **Key Appointment Holders**, click **Add Another Key Appointment Holder** at the bottom of the screen.



- 29. You will be directed to enter the Clinical Governance Officer information. You can select an existing personnel to be the Clinical Governance Officer by clicking on that personnel particular in the dropdown menu or add a new Clinical Governance Officer by clicking on I'd like to add a new personnel
  Note:
  - A Clinical Governance Officer is a suitably qualified person appointed by the licensee and who
    is responsible for the oversight of clinical and technical matters related to the Licensable
    Healthcare Service provided.
  - Not all LHSes are required to have a Clinical Governance Officer. Do provide this information
    only when required. The information to be entered under Service-Related Information will
    differ for the different LHSes



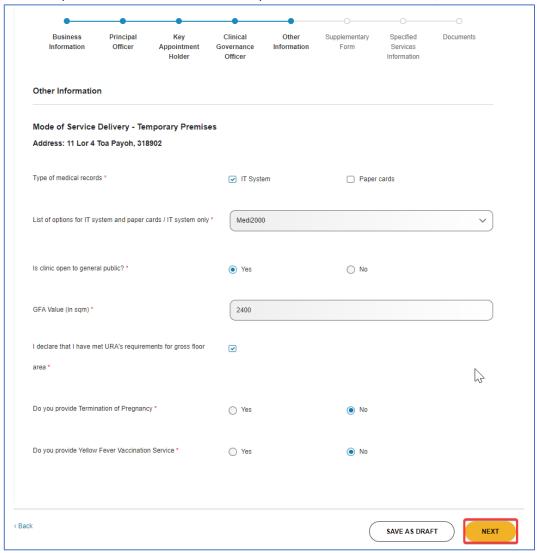
- 30. Once you have filled in the required fields for **Clinical Governance Officer**, click **NEXT**. Note:
  - You can add another Clinical Governance Officer by clicking on Add Another Clinical Governance Officer. Refer to step 22 if needed.

Professional Regn. No.	
Type of Current Registration	
Current Registration Date	dd/mm/yyyy
Practicing Certificate End Date	dd/mm/yyyy
Type of Register	
Specialty	
Sub-specialty	
Other Specialities	
Date when specialty was obtained	dd/mm/yyyy
Qualification	
Other Qualification	
Mobile No.★	
Email Address *	
+ Add Another Clinical Governance Officer	
< Back	SAVE AS DRAFT NEXT

31. You will be directed to **Other Information** section to provide more details with regards to your service. Proceed to fill in the necessary fields.

Business Information	Principal Officer	Key Appointment Holder	Clinical Governance Officer	Other Information	Supplementary Form	Specified Services Information	Documents
Other Informatio	on						
Mode of Service			ses				
Address: 11 Lor 4	Toa Payoh, 318	3902					
Type of medical recor	ds *		☐ IT Syst	em	Paper	cards	
Is clinic open to gener	ral public?*		○ Yes		○ No		
GFA Value (in sqm) *							
I declare that I have n	net URA's requirer	nents for gross floor					
area *							
Do you provide Termi	nation of Pregnand	cy *	○ Yes		○ No		
Do you provide Yellov	/ Fever Vaccinatio	n Service *	○ Yes		○ No		
(							

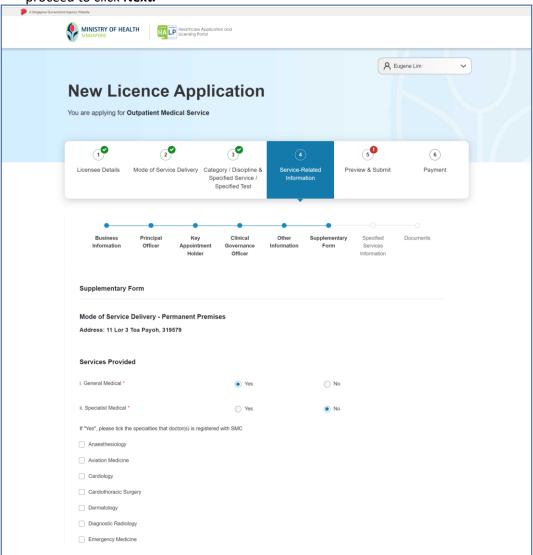
# 32. Once you have filled in all the necessary fields for Other Information, click Next



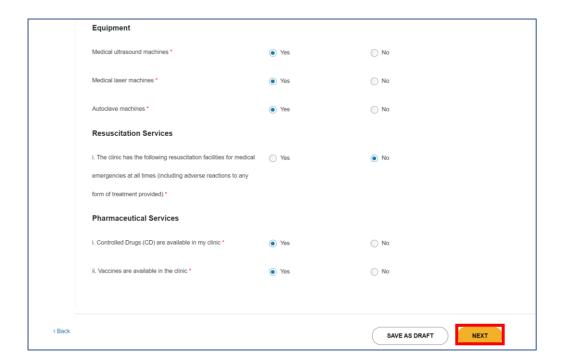
33. You will be directed to **Supplementary Form** page to indicate the services and equipment that you will be providing. Proceed to select **Yes** or **No** for the various services and equipment listed.



34. Once you are done indicating **Yes** or **No** for the services and equipment to be provided, proceed to click **Next**.



Endocronology Gastroenterology Gastroenterology Gastroenterology Heard Surgery Hostoriac Care Medicine Hostoriac Care Medicine Medicine Medicine Medicine Medicine Medicine Medicine Medicine Medicine Gastroenterology Neurostropy Neurostropy Neurostropy Neurostropy Occopation Medicine Goldenterology Goldenterology Grandination Gastroenterology Grandination Gastroenterology Grandination Paledatic Surgery Paledatic Sur
General Surgery
Gerianto Medicino   Haernatiology   Hand Burgery   Infectiona Diseases   Instantive Care Medicino   Instantial Medicino   Instantial Medicino   Medicial Oncology   Necrotiology   Necrotiology   Necrotiology   Necrotiology   Necrotiology   Necrotiology   Necrotiology   Occupational Medicino   Optimizario Applicational Organizational Or
Haamitology   Hade Burgery   Infectious Diseases   Infectious Diseases   Infectious Diseases   Infectious Diseases   Infectious Diseases   Infectious Care Medicine   Infectious Diseases   Infectio
Hand Surgery   Infectious Diseases   Inference Care Medicine   Inference Care Medicine   Inference Care Medicine   Inference Medicine   Medicine Chroology   Neurology   Neurology   Neurology   Neurology   Neurology   Neurology   Neurology   Neurology   Neurology   Orderinative and Gymaecology   Cocceptional Medicine   Ophthalminology   Orthopaecic Surgery   Orderinative Surgery   Pereliative Medicine   Pereliative Medicine   Pereliative Medicine   Pereliative Medicine   Pereliative Medicine   Pereliative Care   Pereliative Medicine   Pereliative Medicine   Pereliative Care   Pereliative Medicine   Respiratory M
Infectious Diseases   Interview Care Medicine   Interval Medicine   Medical Christopy   Mechanishopy   Mechan
Internal Medicine   Internal Medicine   Internal Medicine   Medical Chrobopy   Mecrology
Internal Medical Crosology     Necrology     Obtained Medicine     Optimismology     Otherwise and Gynacodory     Obtained Surgery     Otherwise Surgery     Otherwise Surgery     Pediatric Necrology     Pediatric Necrology     Pediatric Necrology     Pediatric Necrology     Pediatric Surgery     Pediatric Helerono Care     Pediatric Gestroentedory     Pediatric Surgery     Padiatric Helerono Care     Pediatric Helerono Care     Pediatric Surgery     Patistrye Medicine     Papidatric Helerono Care     Patistrye Medicine     Respiratry Medicine     Respiratr
Medical Oncology   Neurology   Obstetics and Gyneeology   Occupational Medicine   Ophthalmology   Orthopaedic Surgery   Othinical employ(ptENT   Paediatric Medicine   Paediatric Neghridogy   Paedi
Neurosurginy   Neur
Neurosurgery     Nuclear Medicine     Obstetrics and Gymacology     Occupational Medicine     Optimised on Gymacology     Occupational Medicine     Optimised on Gymacology ENT     Paediatric Medicine     Paediatric Medicine     Paediatric Nephrology     Paediatric Nephrology     Paediatric Surgery     Paediatric Surgery     Paediatric Gastinostrectogy     Paediatric Heamshood are     Paed
Nuclear Medicine     Obelstrics and Gynaecology     Coopational Medicine     Opelstrics and Gynaecology     Corpational Medicine     Opelstrics and Gynaecology     Orthopaeds Surgery     Otherholesyngology®NT     Peediatric Medicine     Peediatric Nephrology     Peediatric Nephrology     Peediatric Surgery     Peediatric Cardiocory     Peediatric Cardiocory     Peediatric Cardiocory     Peediatric Medicine     Peediatric Medicine     Peediatric Medicine     Peediatric Medicine     Peediatric Medicine     Peediatric Medicine     Perdicine Medicine     Perdicine Medicine     Perdicine Medicine     Real Medicine     Result Medicine     Result Medicine     Result Medicine     Result Medicine     Repart Medicine     Result Medicine     Res
Nuclear Medicine     Obstetrics and Gynaecology     Cocupational Medicine     Optimismology     Orthopaeds Surgery     Other incolary night of the control
Obstetrics and Gyneecology Cocupational Medicine Ophthalmology Orthopsedic Surgery Ottorpeedic Surgery Ottorpeedic Surgery Peediatric Medicine Peediatric Surgery Peediatric Surgery Peediatric Surgery Peediatric Surgery Peediatric Cardology Peediatric Intensive Care Peediatric Intensive Care Peediatric Intensive Care Peediatric Heamstology & Oncology Pelliatrive Medicine Psychiatry Pathology Pathology Pathology Pethology Pethology Astronomy Astronomy Rehabilitation Medicine Respiratory Me
Cocupational Medicine Cyhthalmology Chthopaedic Surgery Chthopaedic Surgery Chthopaedic Surgery Chthopaedic Medicine Paediatric Medicine Paediatric Medicine Paediatric Medicine Paediatric Surgery Paediatric Surgery Paediatric Cardiology Paediatric Intensive Care Paediatric Intensive Care Paediatric Intensive Care Paediatric Intensive Care Paediatric Medicine Paediatric Medicine Paediatric Medicine Paediatric Medicine Pathology Pathology Pathology Pathology Pathology Pathology Pathology Pathology Pathology Rehabilitation Medicine Respiratory Medicine
Ophthalmology Orthopsedic Surgery Otorhinolaryngology/ENT Peediatric Medicine Peediatric Medicine Peediatric Surgery Peediatric Surgery Peediatric Cardology Peediatric Cardology Peediatric Cardology Peediatric Heenatology & Orcology Pediatric Heenatology & Orcology Padiatric Heenatology & Orcology Pathology Pathology Pathology Pathology Pathology Pathology Rediation Oncology Respectively Medicine Respiratory Medicine Respirat
Orthopsedic Surgery  Ottorhinolaryngology/ENT    Paediatric Medicine   Paediatric Surgery   Paediatric Surgery   Paediatric Paediat
Otorhinolaryngology/ENT   Paediatric Medicine   Paediatric Surgery   Paediatric Surgery   Paediatric Surgery   Paediatric Rephrology   Paediatric Intensive Care   Paediatric Intensive Care   Paediatric Intensive Care   Paediatric Haematology & Oncology   Patiliative Medicine   Paychiatry   Pathology   Pathology   Pathology   Pathology   Pathology   Refabilitation Medicine   Repairationy Medicine   Repairationy Medicine   Reperiatory Medicine   Reperiatory Medicine   Reperiatory Medicine   Reperiatory Medicine   Reperiatory Medicine   Do note that the aesthetic procedures have to be provided in accordance with the prevailing Guidelines on Aesthetic Practices for Doctors and any other requirements abplicated from time to time.  Aesthetic Services are provided in this clinic * Yes
Paediatric Nedicine Paediatric Surgery Paediatric Nephrology Paediatric Nephrology Paediatric Intensive Care Paediatric Intensive Care Paediatric Ideamstology & Oncology Paediatric Haemstology & Oncology Pathology Pathology Pathology Pathology Pathology Pathology Pathology Redictine Paychiatry Pathology Pathology Pathology Redictine Respiratory Medicine Respiratory Medicine Procedure Respiratory Medicine Rospiratory Medicine Ro
Paediatric Nephrology   Paediatric Nephrology   Paediatric Cardiology   Paediatric Cardiology   Paediatric Intensive Care   Paediatric Intensive Care   Paediatric Intensive Care   Paediatric Reservation   Paediatric Haematology & Oncology   Paeliative Medicine   Paychiatry   Pathology   Pathology   Pathology   Pathology   Pathology   Paediatric Health   Radiation Oncology   Rehabilitation Medicine   Renal Medicine   Renal Medicine   Renal Medicine   Reprintory Medicine   Reprintory Medicine   Reprintory Medicine   Reprintory Medicine   Reprintory Medicine   Paetic Services   Paet
Paediatric Nephrology   Paediatric Intensive Care   Paediatric Haematology & Oncology   Paediatric Haematology & Oncology   Paediatric Haematology & Oncology   Paediatric Haematology   Paediatric Haematology   Paethology   Paetho
Paediatric Intensive Care   Paediatric Intensive Care   Paediatric Intensive Care   Paediatric Haematology & Oncology   Paediatric Haematology & Oncology   Palliative Medicine   Psychiatry   Pathology   Pathology   Pathology   Plastic Surgery   Public Health   Radiation Oncology   Rehabilitation Medicine   Respiratory Medicine   Drotogy   Pastic Services   Do note that the aesthetic procedures have to be provided in accordance with the prevailing Guidelines on Aesthetic Practices for Doctors and any other requirements stipulated from time to time.
Paediatric Gastroenterology     Paediatric Gastroenterology & Oncology     Paediatric Haematology & Oncology     Palliative Medicine     Psychiatry     Pathology     Plastic Surgery     Public Health     Radiation Oncology     Rehabilitation Medicine     Renall Medicine     Respiratory Medicine     Rheumatology     Sports Medicine     Rheumatology     Drology     Aesthetic Services     Do note that the aesthetic procedures have to be provided in accordance with the prevailing Guidelines on Aesthetic Practices for Doctors and any other requirements stipulated from time to time.
Paediatric Gastroenterology     Paediatric Haematology & Oncology     Palliative Medicine     Psychiatry     Pathology     Plastic Surgery     Public Health     Radiation Oncology     Rehabilitation Medicine     Renal Medicine     Respiratory Medicine     Respiratory Medicine     Rheumatology     Sports Medicine     Utrology     Aesthetic Services    Do note that the aesthetic procedures have to be provided in accordance with the prevailing Guidelines on Aesthetic Practices for Doctors and any other requirements stipulated from time to time.
Padilative Medicine Psychiatry Pathology Plastic Surgery Public Health Radiation Oncology Rehabilitation Medicine Renal Medicine Respiratory Medicine Respir
Palliative Medicine Psychiatry Pathology Plastic Surgery Public Health Radiation Oncology Rehabilitation Medicine Renal Medicine Respiratory Medicine Respiratory Medicine Rheumatology Sports Medicine Utrology  Aesthetic Services  Do note that the aesthetic procedures have to be provided in accordance with the prevailing Guidelines on Aesthetic Practices for Doctors and any other requirements stipulated from time to time.
Pathology Plastic Surgery Public Health Radiation Oncology Rehabilitation Medicine Renal Medicine Respiratory Medicine Respiratory Medicine Rheumatology Sports Medicine Urology  Aesthetic Services Do note that the aesthetic procedures have to be provided in accordance with the prevailing Guidelines on Aesthetic Practices for Doctors and any other requirements stipulated from time to time.
Pathology Plastic Surgery Public Health Radiation Oncology Rehabilitation Medicine Renal Medicine Respiratory Medicine Respiratory Medicine Respiratory Medicine Durology Aesthetic Services Do note that the aesthetic procedures have to be provided in accordance with the prevailing Guidelines on Aesthetic Practices for Doctors and any other requirements stipulated from time to time.  Aesthetic Services are provided in this clinic * Yes No
Plastic Surgery  Public Health  Radiation Oncology  Rehabilitation Medicine  Renal Medicine  Respiratory Medicine  Respiratory Medicine  Reheumatology  Sports Medicine  Urology  Aesthetic Services  Do note that the aesthetic procedures have to be provided in accordance with the prevailing Guidelines on Aesthetic Practices for Doctors and any other requirements stipulated from time to time.
Public Health Radiation Oncology Rehabilitation Medicine Renal Medicine Respiratory Medicine Respiratory Medicine Rehamatology Sports Medicine Utrology  Aesthetic Services  Do note that the aesthetic procedures have to be provided in accordance with the prevailing Guidelines on Aesthetic Practices for Doctors and any other requirements stipulated from time to time.  Aesthetic Services are provided in this clinic * Yes   No
Rehabilitation Medicine Renal Medicine Respiratory
Rehabilitation Medicine Renal Medicine Respiratory
Renal Medicine Respiratory Medicine Rheumatology Sports Medicine Urology  Aesthetic Services  Do note that the aesthetic procedures have to be provided in accordance with the prevailing Guidelines on Aesthetic Practices for Doctors and any other requirements stipulated from time to time.  Aesthetic Services are provided in this clinic * Yes   No
Respiratory Medicine Rheumatology Sports Medicine Urology  Aesthetic Services  Do note that the aesthetic procedures have to be provided in accordance with the prevailing Guidelines on Aesthetic Practices for Doctors and any other requirements stipulated from time to time.  Aesthetic Services are provided in this clinic *  Yes  No
Rheumatology  Sports Medicine Urology  Aesthetic Services  Do note that the aesthetic procedures have to be provided in accordance with the prevailing Guidelines on Aesthetic Practices for Doctors and any other requirements stipulated from time to time.  Aesthetic Services are provided in this clinic *  Yes  No
Sports Medicine Urology  Aesthetic Services  Do note that the aesthetic procedures have to be provided in accordance with the prevailing Guidelines on Aesthetic Practices for Doctors and any other requirements stipulated from time to time.  Aesthetic Services are provided in this clinic *  Yes  No
Aesthetic Services  Do note that the aesthetic procedures have to be provided in accordance with the prevailing Guidelines on Aesthetic Practices for Doctors and any other requirements stipulated from time to time.  Aesthetic Services are provided in this clinic * Yes   No
Aesthetic Services  Do note that the aesthetic procedures have to be provided in accordance with the prevailing Guidelines on Aesthetic Practices for Doctors and any other requirements stipulated from time to time.  Aesthetic Services are provided in this clinic *  Yes  No
Do note that the aesthetic procedures have to be provided in accordance with the prevailing Guidelines on Aesthetic Practices for Doctors and any other requirements stipulated from time to time.  Aesthetic Services are provided in this clinic *  Yes  No
requirements stipulated from time to time.  Aesthetic Services are provided in this clinic * Yes   No
Health Screening Services
Health screening *    No  No
Mobile / Offsite Health Screening Services *   No  No
Mobile / Offsite Health Screening Services *



35. You will be directed to the **Specified Services Information** page to enter information for the various personnel.

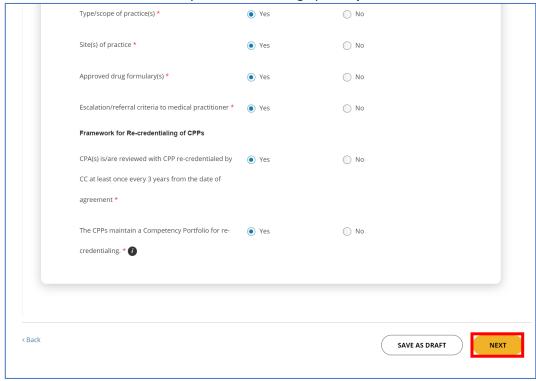
Busin Inform		Principal Officer	Key Appointment Holder	Clinical Governance Officer	Other Information	Supplementary Form	Specified Services Information	Document
			Holder	Officer			mormation	
		-	rmanent Premis 04-21, 318902	es				
^	Specified	d Services Ir	nformation - Col	laborative Pre	escribing			
	•				J			
	Governan	ce						
	Medical P	ractitioner Ove	erseeing the Provision	on of CP Service				
	Name of t	he medical pra	ctitioner *					
	MCR no. o	f the medical p	ractitioner *					
	The medic	al practitioner	is the medical direct	or, or Yes	5	○ No		
	a member	of the medica	l board or clinical bo	ard, of				
	the appro	ved institution	*					
	Credentia	ling Committee	e ("CC")					
	CC consist	s of a minimur	n number of 3 memb	pers - Yes	5	○ No		
	a medical	practitioner, ar	nd the remaining me	mbers				
	are either	profession-spe	ecific CP practitioner	or a				
	member o	of the approved	l institution's quality					
	assurance	committee. *						

Credentialing Committee Member	
Name *	
Designation *	Please Select V
Category *	Please Select
+ Add Another Credentialing Committee Member	
Frequency of CC meetings *	
Service Review Committee ("SRC")	
SRC consists of at least 5 members - a medical	○ Yes ○ No
practitioner, and the remaining members are	
either profession-specific CP practitioner or a	
member of the approved institution's quality	
assurance committee. *	
Service Review Committee Member	
Name *	
Designation *	Please Select V
Category *	Please Select V
+ Add Another Service Review Committee Member	
Frequency of SRC meetings *	
Frequency of SRC audits *	

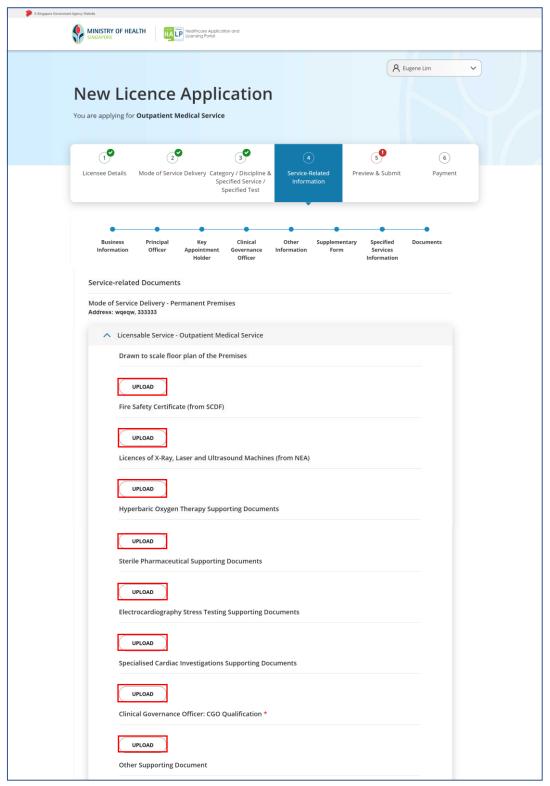
Personnel		
Collaborative Prescribing Practitioners ("CPP")		
Please specify the names of the CPP and the correspo	nding "Scope of Practice" and co	ollaborating medical practitioners
СРР		
Name of CPP *		
Professional Regn. No. (PRN/SNB no.) *		
Scope of practice/ nature of CP service (e.g. e.g.		
inpatient anticoagulation service, outpatient pain		
management service etc.) *		
+ Add Another CPP		
Main Collaborating Medical Practitioner		
Name of main collaborating medical practitioner *		
MCR no. of main collaborating medical practitioner *		
Allow prescriptions by CPP to be filled at external pharmacies *	○ Yes	○ No
Approved drug formulary(s) have controlled drugs  (CDs) listed in Misuse of Drugs Regulation *	○ Yes	○ No
Scope of practice includes prescribing in home-care setting $\stackrel{\bullet}{\bullet}$	○ Yes	○ No
CPP is from an external healthcare institution *	○ Yes	○ No
+ Add Another Main Collaborating Medical Practitione	er	

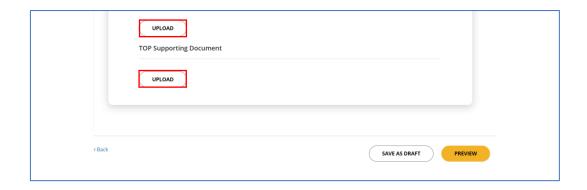
	Documentation		
	Collaborative Prescribing Agreement ("CPA")		
	The above listed CP practitioner(s) has/have valid CP/	A(s) with the following	
	Signed agreement with the CP physician(s) and	○ Yes	○ No
	approved by the institution's Credentialing		
	Committee (CC) *		
	Type/scope of practice(s) *	Yes	○ No
	Site(s) of practice *	Yes	○ No
	Approved drug formulary(s) *	○ Yes	○ No
	Escalation/referral criteria to medical practitioner *	○ Yes	○ No
	Framework for Re-credentialing of CPPs		
	CPA(s) is/are reviewed with CPP re-credentialed by	○ Yes	○ No
	CC at least once every 3 years from the date of		
	agreement *		
	The CPPs maintain a Competency Portfolio for re-	Yes	○ No
	credentialing. * 1		
< Back			SAVE AS DRAFT NEXT

36. Proceed to click **Next** once you are done filling up the **Specified Services Information** form.

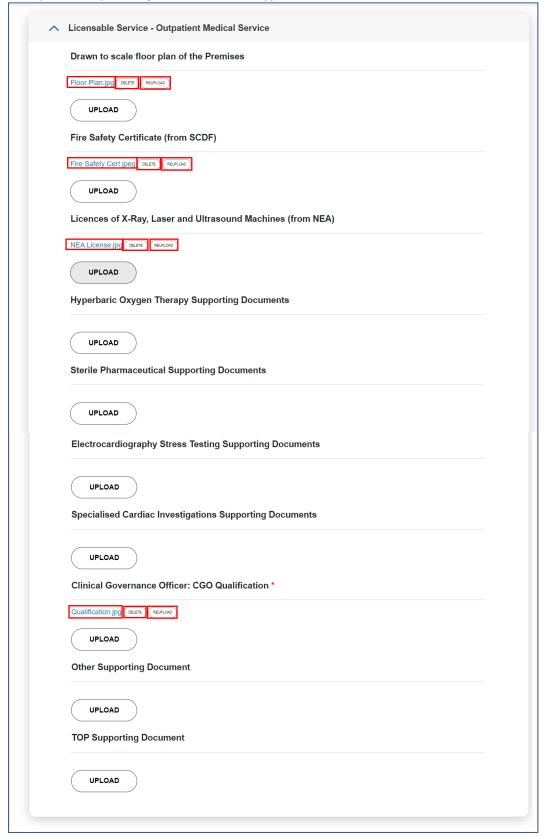


- 37. You will be directed to the **Documents** page to upload your service-related documents where applicable. Proceed to click on the **UPLOAD** button for each relevant document. Note:
  - The allowable file extensions are JPG, PNG, PDF, CSV, DOCX, JPEG, XLS, DOC and XLSX.
  - The maximum file upload size is 10MB
  - Multi-files upload is supported



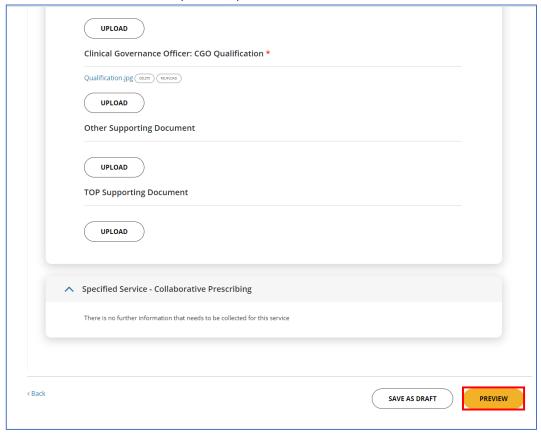


38. You may delete the uploaded documents by clicking on **DELETE** or upload another document by clicking on **REUPLOAD**. Please verify that the correct documents have been uploaded by clicking on the **filename hyperlink**.



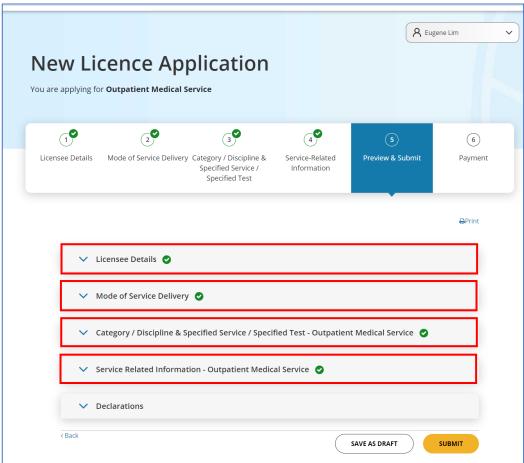


39. Once all documents are uploaded, proceed to click **PREVIEW**.



### 5.6 Preview & Submit

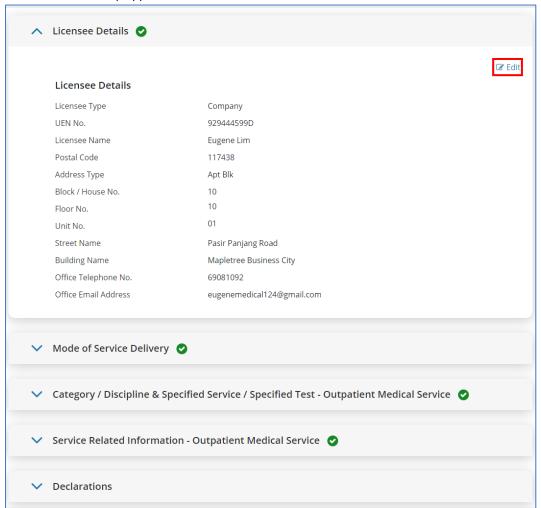
40. You will be directed to **Preview & Submit** page. You can verify all information entered by expanding the **sections**.



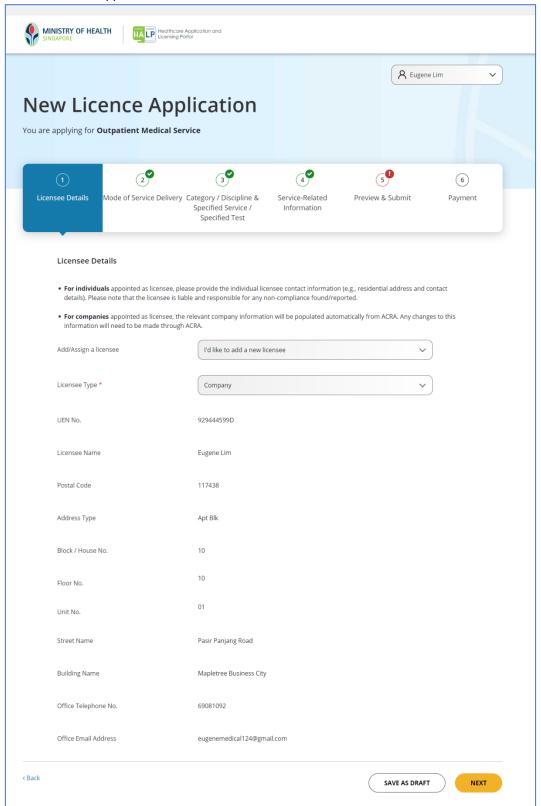
41. The information entered in that section would unfold. You can further edit the information in a section by clicking on **Edit**.

## Note:

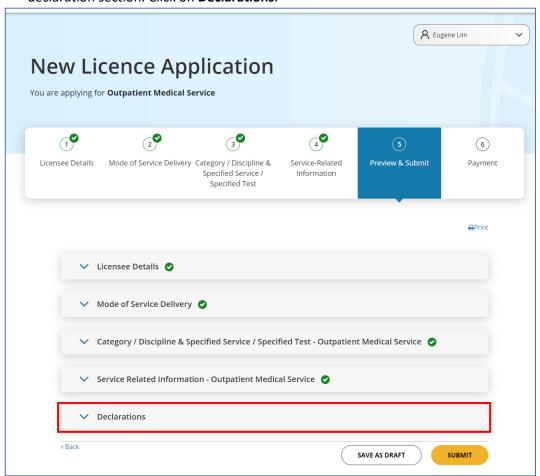
• This step applies to the other sections as well.



- 42. You will be brought back to that specific section of the application for editing.
  - This applies to the other sections as well.



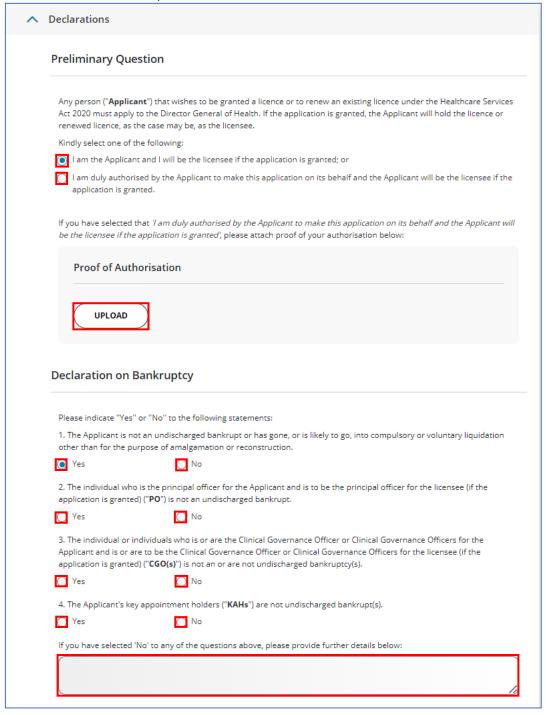
43. Once you have completed reviewing and editing the information, proceed with the declaration section. Click on **Declarations**.



44. The declaration form will appear, fill in the form by clicking the **radio button** beside the option given.

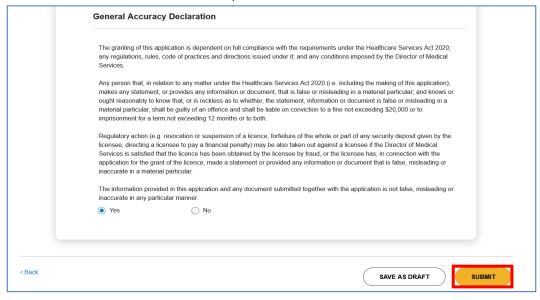
If you have selected I am duly authorised by the Applicant to make this application on its behalf and the Applicant will be the licensee if the application is granted, you are required to upload a Proof of Authorisation by clicking on the UPLOAD button.

If you had chosen **No** for any of the declarations below, you would need to provide more details in the text box provided below the sections.



Please indicate 'Yes'	or 'No' to the following statements:
1. The PO possesses	the skills and competencies that are prescribed for the performance of the functions and duties as application is granted).
Yes	No No
•	sses or possess the skills and competencies that are prescribed for the performance of the function ensee's CGO(s) (if the application is granted).
Yes	○ No
	of the KAHs satisfies the skills and competencies requirements prescribed or as specified in any cod- ribed (if the application is granted).
Yes	No
If you have selected	'No' to any of the questions above, please provide further details below:
eclaration on	Criminal Records and Past Suspension/ Revocation under PHMCA/HCS
	Criminal Records and Past Suspension/ Revocation under PHMCA/HCS
Please indicate 'Yes'	·
Please indicate 'Yes'	or 'No' to the following statements:
Please indicate 'Yes'  1. The Applicant, PO Yes  2. The Applicant, PO	or 'No' to the following statements: , CGO(s), and KAHs do not have any criminal record or its equivalent in Singapore or elsewhere.
Please indicate 'Yes'  1. The Applicant, PO Yes  2. The Applicant, PO	or 'No' to the following statements: , CGO(s), and KAHs do not have any criminal record or its equivalent in Singapore or elsewhere.  No , CGO(s), and KAHs have not been convicted or found guilty by a disciplinary tribunal of a profession
Please indicate 'Yes'  1. The Applicant, PO  Yes  2. The Applicant, PO body or its equivaler  Yes  3. The Applicant, PO	or 'No' to the following statements:  CGO(s), and KAHs do not have any criminal record or its equivalent in Singapore or elsewhere.  CGO(s), and KAHs have not been convicted or found guilty by a disciplinary tribunal of a profession at in Singapore or elsewhere.  No  CGO(s), and KAHs are not awaiting the commencement of disciplinary proceedings before a of a professional body or its equivalent, or the conclusion of such disciplinary proceedings, in
Please indicate 'Yes'  1. The Applicant, PO  Yes  2. The Applicant, PO body or its equivaler  Yes  3. The Applicant, PO disciplinary tribunal	or 'No' to the following statements:  CGO(s), and KAHs do not have any criminal record or its equivalent in Singapore or elsewhere.  CGO(s), and KAHs have not been convicted or found guilty by a disciplinary tribunal of a profession of in Singapore or elsewhere.  No  CGO(s), and KAHs are not awaiting the commencement of disciplinary proceedings before a of a professional body or its equivalent, or the conclusion of such disciplinary proceedings, in
Please indicate 'Yes'  1. The Applicant, PO  Yes  2. The Applicant, PO body or its equivaler  Yes  3. The Applicant, PO disciplinary tribunal Singapore or elsewh  Yes  4. The Applicant, PO	or 'No' to the following statements:  CGO(s), and KAHs do not have any criminal record or its equivalent in Singapore or elsewhere.  CGO(s), and KAHs have not been convicted or found guilty by a disciplinary tribunal of a profession at in Singapore or elsewhere.  No  CGO(s), and KAHs are not awaiting the commencement of disciplinary proceedings before a of a professional body or its equivalent, or the conclusion of such disciplinary proceedings, in ere.
Please indicate 'Yes'  1. The Applicant, PO  Yes  2. The Applicant, PO body or its equivaler  Yes  3. The Applicant, PO disciplinary tribunal Singapore or elsewh  Yes  4. The Applicant, PO Private Hospitals an	or 'No' to the following statements:  CGO(s), and KAHs do not have any criminal record or its equivalent in Singapore or elsewhere.  No  CGO(s), and KAHs have not been convicted or found guilty by a disciplinary tribunal of a profession of in Singapore or elsewhere.  No  CGO(s), and KAHs are not awaiting the commencement of disciplinary proceedings before a of a professional body or its equivalent, or the conclusion of such disciplinary proceedings, in ere.  No  CGO(s), and KAHs have not had any license, granted to it by the Director General of Health under the

## 45. Once the declaration form is filled, click SUBMIT.

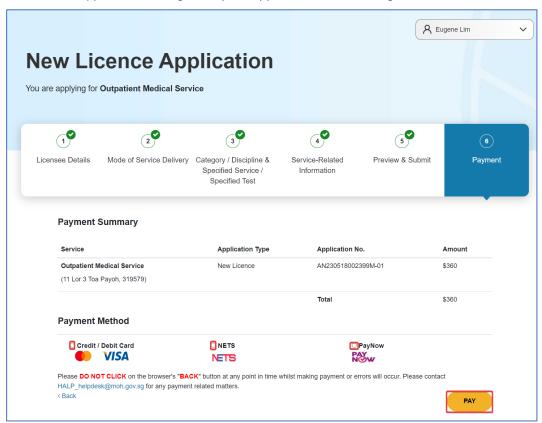


## 5.7 Payment

46. You will need to select a mode of payment for your application by clicking on the **button** beside the payment option and click **PAY**.

### Note:

 GIRO payment is not possible for new LHS applications. GIRO payment can only be selected if Applicant is making subsequent applications to an existing licence.

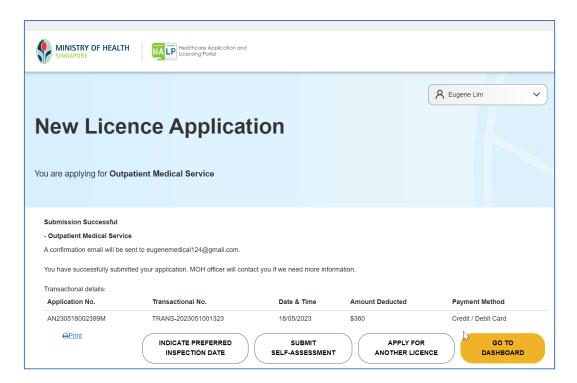


# 5.8 Acknowledgement

47. Once payment is successful, an acknowledgement page will be displayed to inform that you have successfully submitted the new licence application.

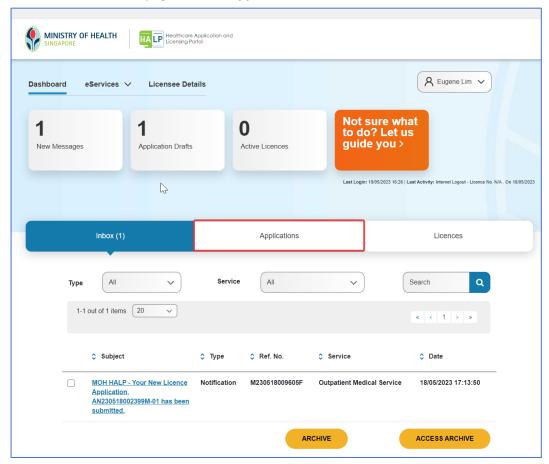
### Note:

- Applicants are encouraged to take a screenshot for record keeping purposes as MOH will not be issuing an invoice for your licence application
- Once application has been successfully submitted, it may take about 6-8 weeks for application processing.
- Once your application is approved, you will receive a message under Inbox tab at the Dashboard page.
- You will receive a Request for Information message from MOH should any of the MOH
  officer require any clarifications or additional information with regards to your application.
  Do check your inbox or email to keep a lookout for any of such messages.



## 5.9 Resume from Draft Application

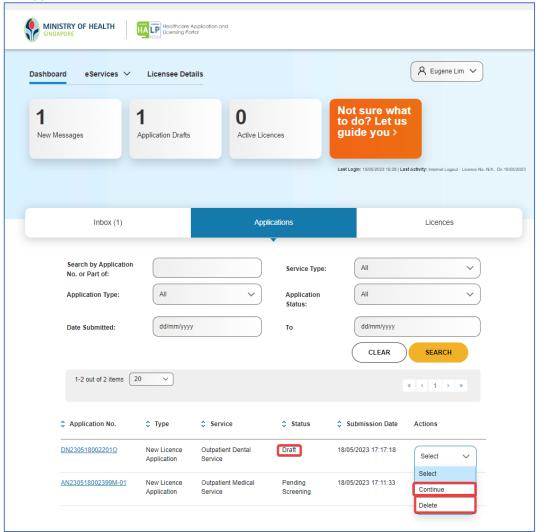
1. At the **Dashboard** page, click on **Applications**.



2. Search for the application with **Draft** as the **Status.** 

Proceed to click Continue under Actions.

Alternatively, you may also click **Delete** under **Actions** to delete the draft and start a new application.



3. You may continue with the application submission.

