



MINISTRY OF HEALTH  
SINGAPORE

## APPLICATION FORM FOR COMMENCING COLLABORATIVE PRESCRIBING SERVICE UNDER SECTION 56C OF THE PRIVATE HOSPITALS AND MEDICAL CLINICS REGULATIONS

### Notes to Applicant:

1. Please use a separate application form for each collaborative prescribing (“CP”) service.
2. Please submit the completed form(s) to MOH at this email address [elis@moh.gov.sg](mailto:elis@moh.gov.sg). Please indicate “Application for Collaborative Prescribing Service” in the email subject title.
3. Please note that MOH will not process incomplete form(s).

### Details of Applicant<sup>1</sup>

Name of Applicant:

Designation of Applicant:

Nature of CP Service<sup>2</sup>:

Prescribing in a Home Care Setting:     Yes                       No

Name of Healthcare Institute:

Address of Healthcare Institute:

Licensee (if different from applicant):

### Declaration by Applicant

I confirm that all information provided herein is accurate and factually correct at the time of the submission.

By submitting this form, I allow the Government of the Republic of Singapore to collect, share and use the information contained herein for the purposes of data analysis, evaluation, policy formulation, and review. This consent shall be governed by and construed in accordance with the laws of the Republic of Singapore.

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**Signature of Applicant/Date**

<sup>1</sup>The applicant refers to the officer in-charge of the CP service. The applicant has to be authorised by the CEO to submit this application to MOH.

<sup>2</sup> The nature of CP service refers to the type of speciality service, e.g. inpatient anticoagulation service, outpatient pain management service, outpatient palliative care service, etc.

## Prescribing Controlled Drugs

Please tick one of the boxes below:

- We wish to allow the prescribing of controlled drugs by the collaborative prescribers.
- We do not wish to allow the prescribing of controlled drugs by the collaborative prescribers.

## Filling of Prescriptions from External Pharmacies<sup>3</sup>

Please tick one of the boxes below:

- We wish to allow prescriptions by the collaborative prescribers to be filled at external pharmacies.
- We do not wish to allow prescriptions by the collaborative prescribers to be filled at external pharmacies.

## Supporting Documents

Please provide:

- i. details of all collaborative prescriber(s) and medical practitioner(s) providing the CP service using the embedded Excel template.



Details of  
Collaborative Prescrib

- ii. a scanned copy of the collaborative prescriber's qualification on collaborative prescribing e.g. NUS National Collaborative Prescribing Programme (NCP) certificate.
- iii. a scanned copy of the Collaborative Practice Agreement<sup>4</sup> (Please submit the approved formulary<sup>5</sup> for the collaborative prescriber in a separate Excel file and a separate Excel tab for controlled drug formulary using the embedded Excel template).



Formulary Template  
v2.xlsx

<sup>3</sup> External pharmacies refer to pharmacies that do not have access to the collaborative prescribers' formularies housed in applying healthcare institutions' intranet, and can only access these documents via the MOH Health Professionals Portal.

<sup>4</sup> The Collaborative Practice Agreement must comply with the requirements under clause 56C(6) of the Private Hospitals and Medical Clinics Regulations. The scope of practice in the CPA should also include the following sections: (a) medical conditions and/or defined patient groups; (b) patient exclusion criteria; (c) escalation criteria; (d) tests and investigations.

<sup>5</sup> The formulary shall include minimally: dosage form, generic drug name, and route of administration.

- iv. a scanned copy of the Credentialing Committee's endorsement of the collaborative prescriber(s) of having met all the requirements under clause 5.1 of the Licensing Terms and Conditions.
- v. a copy of Institutional policies and procedures relevant to prescribing and scope of practice of the CPA. This may include clinical pathways/ guidelines, work instructions/ protocols for controlled drugs<sup>6</sup> (where applicable) and non-routine prescribing scenario performed by CPP such as medication refill and/or prescribing in home care setting.
- vi. a scanned copy of the proof of completion of the controlled drug e-module for collaborative prescribers who graduated from NUS NCPP before August 2019

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<sup>6</sup> A copy of Institutional policies and procedures relevant to prescribing of controlled drugs such as

- a) Handling of CDs prescribed by CPPs (incl., ethical practice, exclusion criteria, standards and safety checks for CD prescription, dispensing of CDs, and patient education)
- b) Additional safeguards for CDs in home care setting (incl., separation of roles for prescriber, dispenser, and administrator, medications supply, authorised personnel, recording of CDs, administration of drugs, reconciliation of medications and internal compliance audit)