



MINISTRY OF HEALTH
SINGAPORE

**NOTIFICATION FORM FOR AD HOC EVENTS WITH REGARD TO A
COLLABORATIVE PRESCRIBING SERVICE UNDER SECTION 56(C) OF THE
PRIVATE HOSPITALS AND MEDICAL CLINICS REGULATIONS**

Notes to Applicant:

1. Please use this notification form for any ad hoc events, including but not limited to events under clause 7 of the Licensing Terms and Conditions. For planned changes or cessation of Collaborative Prescribing (“CP”) services, please use the Notification of Changes and Notification of Cessation forms respectively.
2. Please submit the completed form(s) to MOH at this email address elis@moh.gov.sg. Please indicate “Notification of Ad hoc Event for Collaborative Prescribing Service” in the email subject title.
3. Please note that MOH will not process incomplete form(s).

Details of Licensee and Collaborative Prescribing Practitioner(s)

Name of Licensee:

Details of affected Collaborative Prescribing Practitioner(s):

S/N	Name of Collaborative Prescribing Practitioner	SNB Registration Number/ SPC Registration Number
1		

Details of Event

1. **Date of event of Collaborative Prescribing service:** / /
(DD/ MM/ YYYY)

2. **Please tick (√) the ad hoc events you are notifying:**

- my CP practitioner has practised beyond the scope of approved CPA
- my CP Practitioner has practised outside the approved premises
- my CP Practitioner’s practice is under investigation, or has been suspended by the institution (if applicable)
- Others, please specify:

Supporting Documents

Examples of supporting documents:

1. *Updated Collaborative Practice Agreement*
2. *Details of the ad hoc events (as appropriate)*

Note: We may contact you for more information as the case may be.

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 and policy formulation and review. This consent shall be governed by and construed in accordance with the laws of the Republic of Singapore.

Name and Designation of Applicant

Signature of Applicant/Date