

To: Secretary,
Pharmacy and Poisons Board of Hong Kong
1/F, Shun Feng International Centre
182 Queen's Road East
Wan Chai, Hong Kong
(Email: ppb@dh.gov.hk)
(Fax: 2527 2277)

Application for Change(s) to Board-approved Internship Training Programme

Part I – To be completed by an applicant

I would like to apply for change(s) to my Board-approved internship training programme. My personal particulars and details of the proposed changes are as follows –

Name of Applicant :			<i>(English)</i>
			<i>(Chinese)</i>
Hong Kong Identity Card No. :	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<i>(first 4 digit only e.g. A123)</i>	
Name of the University :			
Correspondence Address :			
Contact Number :			
E-mail Address :			
	Approved Details	Proposed Change(s)	<small>Note 1</small>
Name of Hospital/Company :			
Address of Training Site: :			
Training Period: :			
Name of Preceptor/Tutor and Registration No. :			
	(Reg. No.:)	(Reg. No.:)	
Effective Date of the Change(s) :			<i>(DD/MM/YYYY)</i>
Reason(s) for the proposed change(s) :			

Note 1 Please leave the field blank if there is no change, and add additional rows for changes involving more than one training module.

Justifications and supporting documents for late submission ^{Note 2:}

*(only applicable for a pharmacy intern who fails to submit an application **at least three weeks** before commencement of the above change(s))*

^{Note 2} Please provide supporting documents, such as medical records and/or relevant correspondences, to account for the late submission of application for change(s). An application with insufficient supporting documents will not be processed.

Signature : _____
Name : _____
Date : _____

Part II – To be completed by training institution

I certify that the information completed by the applicant in Part I above is accurate and confirm that *(Please tick as appropriate)* –

- the intern’s training has **not** been interrupted due to the proposed change(s);
- the intern has obtained an overall grading of “**Effective**” or above according to the grading system and criteria as prescribed in the performance appraisal form of the relevant sector during the concerned module(s) of training; and
- the proposed change(s) is **not** initiated by the intern.

If any of the aforesaid condition(s) is/are not satisfied, please provide details below:

Signature of Training Institution Representative : _____
Name : _____
Position : _____
Date : _____