Appendix II

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)

To be completed by training institution

Application for Change(s) of Accredited Pharmacy Internship Training Institution

On behalf of _____ *(Name of Training Institution)*, an accredited pharmacy internship training institution of the Pharmacy and Poisons Board, I would like to apply for the following proposed change(s) **Note 1** in respect of our training institution with effect from _____ *(Date):*

	Proposed Addition	**Proposed Deletion**
Name of Preceptor / Tutor and Registration No. :		
	(Reg. No.:)	(Reg. No.:)
Address of Training Site :		
Internal Transfer of Preceptor / Tutor : *(Please specify details of the proposed changes)*		
Reason(s) for the above proposed change(s) :		

Justifications and supporting documents for late submission [Note 2]**:**
(only applicable for training institution which fails to submit an application ***at least three weeks*** *before commencement of the above change(s))*

_____

_____

_____

_____

This is to confirm that *(please tick as appropriate)* **–**

□ the intern's/interns' training will **not** be interrupted due to the proposed change(s);

□ *(for addition of new preceptor/tutor)* the proposed new preceptor/tutor has fully satisfied the following prescribed eligibility requirements [Note 3] for accreditation of new preceptor/tutor:

□ he/she is a registered pharmacist in Hong Kong for an aggregate period of no less than three years and has been working in the relevant sector that the internship training will take place for an aggregate period of no less than three years;
□ he/she works full-time in the training site such that the intern can have regular and frequent contact to ensure quality of supervision and training; and
□ he/she has no disciplinary action or criminal record in the past three years.

□ *(for addition of new training site)* the proposed new training site has fully satisfied the basic requirements for accreditation as a pharmacy internship training site under the respective pharmaceutical sector. [Note 4]

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

_____

_____

_____

_____

Signature of Training Institution Representative :

Name : _____

Position : _____

Date : _____

Note 1 Please leave the field blank if there is no change, and use one form for each training site and preceptor/tutor.

Note 2 Please provide supporting documents, such as internal company records or relevant correspondences, in support for the late submission of application for change(s). An application with insufficient supporting documents will not be processed.

Note 3 The eligibility requirements are set out in Part B of the "Guidelines on Pharmacy Internship Training Programme". Please provide supporting documents, such as the Annual Practising Certificate, Certificate of Registration and Curriculum Vitae of the proposed new preceptor/tutor, for the application. An application with insufficient supporting documents will not be processed.

Note 4 The basic requirements for qualifications as training sites for different pharmaceutical sectors are extracted below. For more details, please refer to relevant Annex under Part B of the "Guidelines on Pharmacy Internship Training Programme". Please provide relevant supporting documents for the application. An application with insufficient supporting documents will not be processed.

Hospitals (including public clinics)

1. The training institution* must be recognized by the Pharmacy and Poisons Board of Hong Kong.
2. The training institution must be able to provide a comprehensive and structured training programme for the pharmacy interns.
3. The training performance of individual training institutions must be monitored and reviewed periodically to ensure that the training provided is up to standard.

Training institution can be the pharmaceutical department of a hospital or similar institution or more than one pharmaceutical department within a group of hospitals.

Community Pharmacies

1. There should be no record of convictions in the past three years at the commencement of practical training.
2. The name of the community pharmacy should appear on the register as an authorized seller of poisons for a period not less than three years.

Pharmaceutical Manufacturing Companies

1. The company must be a holder of Licence for Manufacturer and Certificate for Manufacturer under the Pharmacy and Poisons Ordinance to manufacture pharmaceutical products.
2. The company must have an in-house quality control laboratory.
3. At least 2 of the following types of pharmaceutical products:
   (a) Solids
   (b) liquids
   (c) semi-solids
   (d) sterile products
4. If the company only manufactures ONE type of the above mentioned pharmaceutical products, the company must demonstrate to the satisfaction of the Committee that it has sufficient capability and resources to provide appropriate internship training which should include, but not limited to, the following additional information:
   (a) Number of staff directly involving in Quality Management System and GMP such as in Quality Assurance, Quality Control, Production and other department(s)
   (b) Number of pharmaceutical products actively produced
   (c) Number of batches of products produced annually in the past 3 years
   (d) Number of products of the each dose form actively produced (for example, Solid dose: number of products in tablet, number of products in capsule, number of products in powder etc.)
   (e) List out major production equipment and respective capacity (f) Indicate whether there are any research and development activities on improving quality of existing products and/or new product development etc.

Pharmaceutical Wholesale Companies

1. The company must hold a wholesale poisons licence under the Pharmacy and Poisons Ordinance.
2. The company must be a holder of certificates of registration of pharmaceutical products.