



SwAPP

Swiss Association of Pharmaceutical Professionals

CH-3000 Bern

Summary of Theoretical Training for *Specialty Diploma Medical Marketing*

Last name/First name/Title: _____ Date of Birth (D/M/Y): _____ Sheet No.: _____

No	Event Titel of Event Place/Organiser/Date	Duration (hrs) in each Specialty Area - Please fill in the specialty areas in the grey boxes below. Use one column per specialty area.															
		Internati onal regulati ons & laws	CH regul. & laws promo tion	Surveill ance by authoriti es, Pharma codex	SOP s	Pro mot ion	Medic al cleari ng	Market ing author isation s	Distr ibuti on and GDP	Spo nsor ing	Collabor ation KOLs, Advisor y Boards	Regulatio ns clinical trials, observ. studies, IITs	Market surveil lance	Clinica l public ations	Relevan t literatur e and publicati ons	Trainings in any field of regulatory affairs	Other fields pharmace utical medicine
Match with attachme nts		4	16	8	8	12	4	4	4	8	8	8	8	8	16	14	30
Total hours per specialty area:																	

Add sheets as needed, add up total hours on last sheet. Attach a certificate for each training.

Place and Date

Signature of Applicant: