



SwAPP

Swiss Association of Pharmaceutical Professionals

CH-3000 Bern

Summary of Theoretical Training for *SwAPP Diploma Pharmaceutical Medicine*

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.									
		Discovery of new substances	Pharmaceutical development	Preclinical development	Clinical development	Pharmacovigilance	Medical-scientific information	Registration of drugs	Social economics of the health sector	Management	Other topics pharmaceutical medicine
Match with attachments		8	16	24	136	32	32	40	24	24	24
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: