



SwAPP

Swiss Association of Pharmaceutical Professionals

CH-3000 Bern

Application for the SwAPP Diploma Pharmaceutical Medicine

<input type="checkbox"/> SwAPP Diploma Pharmaceutical Medicine	<input type="checkbox"/> I confirm to be a member of SwAPP and to have paid my fees for the current year
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Last name: _____ First name: _____ Date of Birth (ddmmyy): _____

Academic title: _____ from University/Faculty: _____

Address: _____

Phone B: _____ M: _____ email: _____

Declaration

I herewith acknowledge my responsibility for continued professional training. I declare that I will renounce my title and return the diploma to SwAPP if a) I can no longer fulfil my responsibility for continued professional training or b) my membership with SwAPP is terminated for any reason.

Place and date:

Signature:

Attachments (readable copies):

- Academic diploma
- Ph.D. degree, if applicable
- Declaration of practical training and supporting documents (see enclosed form)
- A copy of your ECPM Diploma University Professional in Pharmaceutical Medicine

Please send to address above or education@swapp.ch