



PSS Endorsement and/or Publicity Request Application Form

Information on the Endorsement and/or Publicity Request

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|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Request Title | |
| Target audience | Public/Pharmacists / Pharmacy Technicians / Students / Other Allied Health Professionals (please specify: _____) /Doctors (please specify specialty: _____) |

Synopsis of Event (if applicable)

| | |
|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Speaker(s) Panel <i>(please provide complete information including prefixes, salutations and affiliations)</i> | Sponsor(s)*: 1. 2. Speaker(s)*: 1. 2. 3. <i>Delete or add as needed</i> |
| Target number of attendees | _____ Pax <i>Please note that PSS will not:</i> <ul style="list-style-type: none"> ▪ <i>Release details of participants to applicant / vendor / organizer;</i> ▪ <i>Be able to guarantee achieving intended numbers of attendees.</i> |
| Dates Days of the week | |
| Start Time | |
| Duration | |
| Format | In-person / Hybrid / Virtual <i>*please select</i> |
| Venue | (if in-person or hybrid) |
| Topic 1 & Learning Objectives | Title: Learning Objectives 1. 2. |
| Topic 2 & Learning Objectives | Title: Learning Objectives 1. 2. |
| Topic 3 & Learning Objectives | Title: Learning Objectives 1. 2. 3. |
| Any special requests during talk? | <input type="checkbox"/> Polls: Pollev / Zoom poll / Mentimeter <input type="checkbox"/> Embedded videos <input type="checkbox"/> Other technical requirements: (please provide details) |

**Please attach the detailed agenda or program with this application. Strikethrough or add sheets as needed*

Category of Endorsement and/or Publicity Request (Requesting party to fill)

The investment amount for various Publicity categories is quoted on a case-by-case basis to ensure the strategy is tailored to your specific campaign goals. Please contact the PSS Secretariat at pssmanager@pss.org.sg and admin@pss.org.sg with the completed form to request a quotation.

- Category A: Publicity via Weekly Newsletter to PSS Subscribers and Social Media account**
 1. ONE (1) weekly newsletter to PSS Subscribers
 2. ONE (1) Post each for on Instagram and Facebook or Professional Post on Facebook and LinkedIn depending on the target audience group

Terms & Conditions:

- Event should be complimentary or offered at an exclusive rate of at least 20% discount for PSS members;
- Should this event be deemed unsuitable, PSS will decline request to publicise even if complimentary to members;
- Brand endorsement is not allowed, but generic drug name can be used, and company logo can be affixed on the EDM and invite.
- PSS will not be able to assure the number of PSS members who would take part in this event.
- All materials to be submitted at least 2 weeks in advance and we will update on the date of posting.

- Category B: Publicity on PSS' Social Media Accounts**
 1. Include ONE (1) post each for on Instagram and Facebook or Professional Post on Facebook and LinkedIn depending on the target audience group

Terms & Conditions:

- Event should be complimentary or offered at an exclusive rate of at least 20% discount for PSS members;
- Should this event be deemed unsuitable, PSS will decline request to publicise even if complimentary to members;
- Brand endorsement is not allowed, but generic drug name can be used and company logo can be affixed on the EDM and invite.
- PSS will not be able to assure the number of PSS members who would take part in this event.
- All materials to be submitted at least 2 weeks in advance and we will update on the date of posting.

- Category C: Publicity Request on PSS Website**
 - Publicity Posting on PSS Website would be up for one (1) month

Terms and Conditions:

- For Job Placements, should the post be taken up, the requester should be informed PSS to be taken off otherwise it will be automatically remove after 1 month.

- Category D: PSS accreditation of event with CPE points**

PSS shall accredit the event with 1B CPE points, in accordance with the Singapore Pharmacy Council guidelines: 1 point ($1 \leq X < 2$ hrs); 2 points ($2 \leq X < 4$ hrs); 3 points ($4 \leq X < 6$ hrs)

Patient Care Points are provided for topics on:

- Sound decision-making and problem-solving in relation to drug therapy.
- Making positive contributions to patients' and customers' good health.
- Effective interpersonal skills with patients, customers, caregivers, and other professionals.

Non-Patient Care points are provided for topic on:

- Drug development and provision of good quality medicinal products/therapeutic products.
- Effective and efficient management of pharmaceutical services and operations within the organization, institution, and healthcare system.
- Appropriate awareness of professional and social issues affecting pharmacy and pharmacists.
- Effective and efficient application of scientific data and information to achieve and support evidence-based practice.

Terms & Conditions:

- The curricular vitae of the invited Speaker(s) should be submitted and subject to approval by PSS;
- Speaker(s) should be established clinician and/or an expert in his/her field;
- Content of CPE should be balanced;
- Companies are to submit request at least 2 months prior to the intended date of the event.
- Applications would be evaluated based on merit towards PSS, the Pharmacy Community, or the General Public before approval.
- The Sponsor is responsible for assembling the speaker panel, including the moderator, speakers, chairpersons, and panelists.
- Any honoraria or tokens provided for the Speaker(s) or Chairperson(s) would purely be exchanged in an agreement between Sponsor and the Speaker(s) or Chairperson(s) in question. PSS declines involvement in the exchange of honoraria.
- Companies can undertake their own effort to publicize the CPE. However, if this publicity includes material that bears the PSS logo, PSS website, or any other rights of PSS, PSS will need to approve the said material at least 1 month prior to date of intended publicity.
- Materials or publicity efforts should not on its own, in connection with other materials or through creative means, imply PSS endorsement of all the information presented in the CPE. PSS will commit to review complimentary up to **two** pieces of material for the purpose of the CPE event. Any additional materials submitted for review might be subjected to administrative fees and will only be undertaken for review based on approval by PSS.
- PSS will not be able to assure the number of PSS members who will take part in this event.
- If additional CPE sessions are to be conducted following this approved date or date range, or is rerun on a recurrent basis, a re-submission of application would be required. PSS reserves the right to request amendments to any part of the module(s) during the application. An additional administrative fee of SGD **\$500** would be levied for the rerun or reapplication, provided there are no substantial changes made to the content. Any updates should be highlighted as a tracked change to clearly communicate where the changes are.
- A report of attendance must be provided to PSS within 48h of the end of the event, complete with participants' full names and pharmacy registration number (PRN). PSS will only process and upload PSS members' CPE points.

Category E: PSS approval for co-branding – For Healthcare Professionals

For use of PSS logo for co-branding on material such as PSS PIL, PSS Educational posters developed by collaborator parties, material or content must have been approved by the Council or designate.

- Requestor should note that, for printing of material, PSS will not cover costs unless otherwise approved and documented officially.
- For use of PSS collateral, the serialisation of material must be adhered to. Please fill in the serial numbers for the collateral requested for:

| | Serial Number | Content / Title of material |
|----|---------------|-----------------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

Category F: Request for Approval to Waive the Requirement of PSS Posters at Events – For Healthcare Professionals

Requesting Party to fill:

- I accept all Terms and Conditions set forth in my Signed Application and Agreement for PSS Endorsement and Publicity of Events.
- I acknowledge that PSS reserves the rights to withdraw the application's agreement should there be a deviation from the agreed terms and conditions.
- For application of "Accreditation" only: I have attached the said collateral and material as listed in the Terms & Conditions.

For PSS Secretariat and Council Use Only*

Declaration Processing and Submission by Secretariat

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|-------------------------------------------------------------------------------------------------------|--------|
| Planned dates to be blasted: Secretariat should check to avoid clashes with other planned postings | |
| Any potential issues with clashes or competition with publicity: | Yes/No |
| Indicate clashed posting and details: <i>Fill date, event name, organizer</i> | |
| Processed by: | |
| Date processed: | |

Reviewer Remarks (if applicable)

Committee / Chapter Representative:

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|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of Representative: | |
| Position: | |
| Committee / Chapter Representative from: | <input type="checkbox"/> Training Academy <input type="checkbox"/> Industry Chapter <input type="checkbox"/> Hospital Chapter <input type="checkbox"/> Community Chapter <input type="checkbox"/> Others: _____ <input type="checkbox"/> Ex-officio of _____ <i>Select multiple where necessary</i> |
| Remarks or Clarifications: | |
| Date Reviewed: | |

Approved by Ex-officio / Council Member:

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|----------------------------|--|
| Name EO / Council member: | |
| Position: | |
| Remarks or Clarifications: | |
| Date Approved: | |

Billing by Secretariat

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|-------------------------------------------------------------------------------------------------------|-------------------------|
| Name of Billing Organisation: | |
| Billing Address of Company: | |
| Name of contact person: | |
| Email/phone of contact person: | |
| Position in Company: | |
| Date Submitted: | |
| Declaration of any Conflict of Interests: (personnel, product(s), keyword(s), trademark(s)) | No / Yes (please fill): |
| Name of Applicant: | |
| Email/phone of contact person: | |
| On behalf of (Name of Company): | |
| Position in Company: | |
| Billing Address of Company: | |
| Company Stamp: | |
| Date Submitted: | |