

**AWARD OF FELLOWSHIP OF PHARMACEUTICAL SOCIETY OF NIGERIA (FPSN)**

**SCREENING QUESTIONNAIRE**

Instructions: Please print in Capital letters your answers to all questions. if there is insufficient room on the form, please answer on a separate sheet using the same numbers pertaining to the applicable category. Attach any additional sheets to this form plus your CV

Warning: Any false answer, statement or concealment of a material fact may be used against your candidacy.

**GENERAL**

1. Family Name First Name Middle Name Maiden Name if any

2. (a) Office Address/Telephone:

(b) Home Address/Telephone:

(c) Email in capital letter:

3 (a) Date of Birth: DD  MM  YY  3 (b) City of Birth  4. State of Origin

5. State of Present Domicile  6. Gender FEMALE  MALE

7. Marital Status  Single  Married  Others

8. What is your preferred and current field of pharmacy practice?

9. For how long have you practiced in the preferred field?

10. Please indicate other areas of practice and the relevant years of experience.

Field	From	To	No of years
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

11. Have you ever been arrested, indicted or summoned to court/Professional Disciplinary Body as a defendant in a criminal proceeding, or convicted, fined or imprisoned for the violation of any law/Professional Ethics/Misconduct (excluding minor traffic violations?)

Yes  No

If yes, give explanation:

## EDUCATION

1. List all University degrees or equivalent qualifications obtained, starting with the latest and then others in reverse order

University	From	To	Degree Obtained
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. List High Schools attended; starting with the latest and then others, in reverse order:

School Obtained	From	To	Certificate

3. List all significant publications you have written: (Attach Supporting Documents)

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Title of Publication	Journal /Publication	Date

**EMPLOYMENT**

Starting with your present post, list in reverse order any employment you have had since graduation from the University

Name of Employer	Job/Title	From	To

**PROFESSIONAL CONTRIBUTION,  
LOYALTY AND SERVICE TO PSN**

1. LENGTH OF SERVICE

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**a. Length of Sustained financial Membership to the Society**

From  To

List any financial support by third party which was Motivated by you

**b. List all verifiable efforts initiated by you which can help us ONLY to determine the level of your commitment to the course of our Society**


**2 Participation in State Branch Activities**

**a. Indicate Positions Held**

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**b. List all Committees in which you have served starting from the most recent and then others in reverse order:**

Committee	Year
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**c. List your participation and attendance of Branch meetings Workshops, Pharmacy Week etc, starting from the most Recent and then others in reverse order in the last 10 years**

Event Month/Year

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d. List all your financial and logistics support towards a seamless operation of your Branch (including payment of Branch Dues) in the last 10 years


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3. **Participation in PSN National Activities**

.a. **Indicate Positions Held**

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b. List all Committees in which you have served, starting from the most recent and then others in reverse order

Committee	Year

c. List all PSN National Conferences you attended in the Past 10 years

Conferences	Year


d. List your financial contributions and logistics support Towards the Society in the past 10 years.

4. **Participation at Technical Group level e.g Community, Hospital, Industrial, Academics etc**

a. What Technical group do you belong?

b. List all that you consider as significant participation

and contribution by you in your Group and attach.

## **COMMUNITY PRACTICE**

A pharmacist in community practice applying for the award of fellowship shall show evidence of the following as long-standing contribution to the profession:

- (a) Impact of practice to the community in the form of community health outreaches.
- (b) Show evidence that the premises meet the standard for registration for internship.
- (c) Show evidence that these premises can sustain standard pharmacy practice.
- (d) Show proof of any other service or contribution which has enhanced the image of pharmacy profession in his community.
- (e) The Privileges Committee may undertake a visit to the premises.

## **HOSPITAL PRACTICE**

A hospital pharmacist who applies for the award of Fellowship must not be below the Directorate rank and shall show evidence of the following as long standing contribution to the profession:

- (a) Show evidence of specific achievements or contributions to the hospital that have earned respect and recognition for Pharmacy.
- (b) Evidence of contributions toward improving drug procurement and management in the hospital.
- (c) Show whether the pharmacy is licensed for internship training and how he has influenced the increment of the number of interns employed by the department.
- (d) Show proof of other services or contributions which have enhanced the image of pharmacy in the hospital.
- (e) The Privileges Committee may undertake a visit to the pharmacy department of the hospital.

## **INDUSTRY PRACTICE (MANUFACTURING, IMPORTATION, MARKETING AND SALES)**

A Pharmacist in Industry Practice who applies for Fellowship must be in Senior Managerial position and shall show evidence of how as long-standing contribution to the profession.

- (a) He increased the number of pharmacists under the employment of his/her organization.
- (b) His position added value to his organization.

- (c) His position increased the number of interns employed by his organisation and he contributed to their mentorship.
- (d) His organisation contributed to the cause of the Society and the profession,
- (e) He should show proof of any other service or contribution which has enhanced the image of the profession.

### **ACADEMIC PRACTICE**

A pharmacist in the academia who applies for Fellowship must be a second degree or Ph.D. holder and shall show evidence of the following as longstanding contribution to the profession:

- (a) Mentorship programmes successfully executed within the pharmacy students of his faculty.
- (b) Research or discovery made.
- (c) Any other service or contribution to the cause of pharmacy profession.
- (d) Show proof of the result of mentorship programmes successfully executed.

### **PHARMACISTS IN ADMINISTRATION AND OTHER AREAS OF PRACTICE.**

Pharmacists in these areas of practice shall be qualified to apply for fellowship if:

- (a) They have attained positions considered to be of the Directorate Cadre in the Public Service.
- (b) His position has advanced the cause of pharmacy profession in their establishment and the larger society.
- (c) He has made contributions to the cause of pharmacy and the Society.
- (d) He has mentorship programmes successfully executed and have results there from.

### **5. EVIDENCE OF PARTICIPATION/SPONSORSHIP AT CONFERENCES (NATIONAL, STATE, TECHNICAL GROUPS ATTACHMENT).**

A Pharmacist who applies for Fellowship must show that he/she has participated and contributed to the Society's conferences by the following:

- (a) That prior to his application he has attended the Annual National conferences for not less than ten times.
- (b) Evidence of participation and receipts of payment for the conferences shall be attached.
- (c) Evidence of attendance to state and technical group conference shall be provided.



6. **Participation in Regional/International activities  
WAPCP**

**FIP**

**Others (specify)**

7. **SELF-DEVELOPMENT**

An applicant shall show, apart from his knowledge of pharmacy, how he has improved or developed himself. The following shall be provided:

- (a) Evidence of course(s) attended.
- (b) Evidence of extra degree(s)/qualification obtained.

8.. **EXCELLENCE IN THE CHOSEN  
AREA OF PRACTICE**

- a. Freely express the ethical standards, you have initiated and maintained in your Area of Practice which stands you out among your peers. (Attach proofs please)

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- b. Which Discoveries, Innovations and Exemplary Activity have you initiated in your Area of Practice which might result in better health and improved outcome for patients or enhance the image of our profession in the public domain? (Attach proofs as verification will be conducted)

- c. What is the highest level of attainment by you in your Area of Practice?

- d. What are the other achievements that you will like us to Know?

**IMPACT ON THE LARGER SOCIETY**

**I. POLITICAL APPOINTMENT**

- (a) List if Positions Held

(b) How have you used this position to impact positively on the larger Society?

(c) How have you used this position to impact Positively on the Pharmacy Profession?

2. **COMMUNITY LEADERSHIP**

Please list below areas in which you have taken on Leadership responsibilities, receive honours and / or recognitions.

(a) Religion (Pastor, Imam, etc)

(b) Social / Community Service



(c) Alumni Association / Alma Mater

(d) National/International

e. Cultural

**SIGNATURE OF APPLICATION** -----

**DATE:** -----