



Medical Ethics, Professionalism and Health Law Course

For Advanced Specialist and Family Medicine Trainees

1. Course Details

This is a 2.5-day course (Thu-Sat) consisting of 3 modules.

Venue: SAFRA Mount Faber
2 Telok Blangah Way
Singapore 098803
Tel: 6278-6011

Time:

Thursday, 8:00am – 5:30pm

Friday, 8:30am – 5:30pm

Saturday, 8:30am – 12:30pm

Registration (including payment of course fees and collection of course notes) begins at 8:00am on Thursday. Please be punctual so that the course can start at 8:30am sharp.

2. Course Fees

NHG and SingHealth will bear the fees for their employees.

Trainees, except those employed by **NHG and SingHealth**, are required to make payment directly to the Singapore Medical Association (SMA) before or on the first day of the course. ***Please print and bring along the attached payment slip when making your payment.*** However, if you would like your organisation to pay for you, kindly get your organisation to issue a letter of undertaking to the SMA and make the payment before the course.

3. Attendance

Please arrange with your department for full coverage of your duties and make all necessary arrangements so that you can have protected time to complete the full course.

The SMA will submit the list of trainees who have completed the course to JCST (for Advanced Specialist Trainees) and JCFMT (for Family Medicine Trainees) after each run. You will be notified via email when the Certificate of Attendance is ready for collection. A Certificate of Attendance will only be issued upon completion of the full course.

If you are unable to attend the scheduled course or part of the course for whatever reasons, kindly write in to the SMA at astethics@sma.org.sg at least 14 days in advance. Failing which, you would need to produce a letter from your Head of Department explaining your absence or a medical certificate if you are ill on the actual day. This would also apply to those who are ***late*** for any of the sessions. ***Nevertheless, you are still required to make up for the sessions that you have missed at a future course in order to fulfill the certification standard. Course fees are also payable in such cases.***

To ensure that your attendance is recorded for all the sessions, please remember to sign the attendance sheets for the appropriate sessions including the breakout discussions.



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4. Dress Code

Office Attire

5. Meals

The meals served will not contain any pork and lard. If you have any special dietary requirements (eg. vegetarian, halal), please indicate in your registration under “Special Dietary Requirements”. We will try our very best to accede to your request.

6. Our Contacts

The SMA is the service provider for this course. If you have any queries pertaining to the course, please email them to asthetics@sma.org.sg

For matters relating to your exit requirements, kindly contact the following:

JCST Secretariat (for Advanced Specialist Trainees) at Tel: 6238-5880/1, 6777-1233

JCFMT Secretariat (for Family Medicine trainees) at Tel: 6223-0606

7. Parking

Discounted parking coupon at \$3 plus the prevailing GST can be purchased from the SAFRA Customer Service Counter at the Lobby.

8. Location Map: SAFRA Mount Faber



BUS Nos at Henderson Rd

- A SBS 124, 145, 195, 272, 273, 274 & TIBS 176
- B SBS 124, 145, 195, 272, 273 & TIBS 176
- C SBS 131, 145 & TIBS 176

BUS Nos at Telok Blangah Way

- D SBS 124, 131 & 195
- E SBS 124, 131, 195 & 272



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Payment Slip

Please print and bring along this slip when making your payment. To facilitate the registration process on the actual day of the course, kindly complete all the details before hand.

Name: _____ (as in NRIC)

MCR No: _____

Handphone No: _____

Office Tel No: _____

Date of the course: **Jul 31 – Aug 2, 2008**
Please tick accordingly.

Oct 9 – 11, 2008

Jan 15 – 17, 2009

Course fee payable: **\$428** (including GST)

Mode of Payment

Please tick accordingly.

Credit Card (Preferred)

VISA/Master Card No: _____ - _____ - _____ - _____

Expiry Date: _____ / _____ (mm/yy)

CVV2/CVC2 No: _____

(the last 3 digits after the credit card no. on the reverse side of the card)

Cheque (Payable to “**Singapore Medical Association**”)

Bank: _____ Cheque No: _____

Please write your name, tel no. & course date behind the cheque.

Signature

Date