



SINGAPORE MEDICAL COUNCIL

16 College Road, #01-01, College of Medicine Building, Singapore 169854
General Enquiries: (65) 6372-3061/2/3/4/5 CME Hotline: (65) 6372-3060
Fax Number: (65) 6221-0558
E-mail Address: moh_smc@moh.gov.sg

Notification Form No. : _____
(for official use)

NOTIFICATION FORM TO PERFORM LIST A AESTHETIC PROCEDURE

Doctors who have just started or intend to start performing aesthetic procedures from 1 November 2008; and doctors without a track record of the requisite number of aesthetic procedure but have acquired a certificate (overseas or local training courses) should submit this List A Notification Form (together with copies of their certificates) to the SMC's APOC for verification whether it could be considered a certificate of competence (COC).

Please fill in the required information clearly and use capital letters only. Also to tick ✓ the boxes (where appropriate).

1. PERSONAL PARTICULARS OF DOCTOR

FULL NAME (NRIC): _____

MCR NUMBER: _____

CLINIC'S NAME: _____

CLINIC'S ADDRESS: _____

RESIDENTIAL ADDRESS: _____

TELEPHONE NUMBERS: _____(H) _____(O)

_____ (HP) _____ (Fax)

EMAIL ADDRESS: _____

2. INFORMATION ON MEDICAL MALPRACTICE INSURANCE

Note: It is recommended that doctors who have been performing aesthetic procedures have sufficient and appropriate medical malpractice insurance to safeguard patients' interests.

NAME OF INSURANCE PROVIDER: _____

TYPE OF INSURANCE: _____

START DATE OF INSURANCE: _____

PERIOD OF INSURANCE: _____

PREMIUM AMOUNT: _____

3. DECLARATION TO PERFORM LIST A AESTHETIC TREATMENTS & PROCEDURES

Please attach with this notification form, a copy of the certificate obtained (overseas or local training), details of training courses, organisers, trainer(s)' name and CV, details of hands-on experience, duration of course, examinations / tests, course fees and details of sponsorship (if sponsored).

Type of Treatment and Procedure	*Tick	No. of Procedures Performed	Title of Certificate Obtained
<u>Non-invasive</u>			
Chemical or pressurised gas / liquid peels			
Microdermabrasion			
Intense pulsed light (IPL)			
Radiofrequency, Infrared and other light-based devices			
Lasers (non-ablative) for hair removal			
Photodynamic / photopneumatic therapy			
External lipolysis (heat / ultrasound)			
<u>Minimally Invasive</u>			
Botulinum toxin injection			
Filler injection			
Phlebectomy			
Sclerotherapy			
Thread lifts			
Lasers for - treating vascular lesions and skin pigmentation - skin rejuvenation (e.g. fractional lasers)			
<u>Invasive</u>			
Abdominoplasty			
Blepharoplasty (including double eyelid)			
Breast enhancement or reduction			
Brow lift			
Free fat grafting			
Hair transplantation			
Implants (excluding breast implants)			
Lasers (ablative eg. CO ₂ / YAG) for skin resurfacing			
Rhinoplasty			
Rhytidectomy (facelift)			
Dermabrasion (mechanical)			

More Information on the Certificate(s)

Title of Certificate Obtained	Year Obtained	Name of Organiser	Trainer's Name(s)	Details of Hands-on Experience	Duration	Details of any Examinations / Tests	Course Fees	Details of Sponsorship

4. Declaration

I declare that the information provided in this notification form is true and authentic and herein remains unchanged to-date. To the best of my knowledge and belief, I have not withheld any material fact. I understand that my practice may be audited. I also note that I may be required to submit additional details for further assessment / review.

Signature and Name of Doctor

Date

Please submit your notification form and supporting documents to:

Chairman
Aesthetic Practice Oversight Committee
Singapore Medical Council
16 College Road #01-01
College of Medicine Building
Singapore 169854