



Application for Founder Fellowship

Federation of Asian Pharmaceutical Associations

College of Pharmacy (FAPA-CP)

For FAPA-CP Staff only
Application no.
Date

Field of Specialization

Personal Information

- | | | | |
|-------|-------------------------|-------------|-----------|
| Title | First Name (Given Name) | Middle Name | Last Name |
|-------|-------------------------|-------------|-----------|
- Year of Birth (yyyy) _____
- Country of Citizenship _____

Contact Information

- Mailing address:

City _____ State/Country _____ Zip Code _____
Phone / mobile number _____
- Email address: _____

Education and Training

- List the pharmacy degree obtained and other relevant degrees or certificates. Begin with most recent. If necessary, attach a separate sheet

Degree / Certificate	Institution	Year of Graduation
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Working experiences

- List all job experiences you have had. Begin with most recent

Organization	Position	Address & phone	Working period
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Summary of Contributions, Motivation, Vision, and Commitment

Please provide a concise summary addressing the following points:

8. Your Contributions or Achievements in Your Specialized Field: Highlight significant accomplishments and notable projects.

9. Motivation to Join the FAPA CP Founder Fellowship: What drives you to be a part of this program and how they envision it benefiting their career and the pharmacy profession.

10. Vision for Advanced Training in Your Specialized Field: Plans to develop training programs that will enhance professional competencies and elevate standards of practice.

11. Commitment or Contribution You Plan for FAPA CP Indonesia: How you will support advanced training, including any initiatives or projects they aim to undertake.



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12. Can you attend the FAPA Congress 2024 in Korea?

☐ Yes

☐ No

I, the undersigned, certify that the information provided in this application is true and correct to the best of my knowledge. I understand that any false statements may result in the disqualification of my application.

Applicant Signature _____ Date _____

☒ **Endorsement**

Association : _____ The Indonesian Pharmacist Association (IAI)

Authorized Person : _____ apt. Noffendri, S.Si.

Position: _____ President

I certify that the applicant has met the requirement of Founder Fellowship of FAPA CP and that all the above information including the supporting documents have been verified to be true.

Signature _____ Date _____

Application Checklist

Please ensure all required documents are saved as .pdf files and submitted to: info@fapa-cp.org

Required documents:

- ☐ Application form
- ☐ Curriculum Vitae
- ☐ Copy of identification card / passport
- ☐ Copy of Advanced Training Certificate (for those who have completed residency training)
- ☐ Final Examination fee of USD200 transferred to the following bank account:
 - Bank Name: Siam Commercial Bank
 - Branch: Siam Square
 - Bank address: 222, 222/1-7, 224 Siam Square Soi 1, Rama I road, Wangmai Subdistrict, Pathumwan District, Bangkok 10330, Thailand
Phone : +662-251-4820 FAX: +662-252-7227
 - SWIFT Code: SICOTHBK
 - Account name: FAPA CP
 - Account number: 038-483733-1