



# SINGAPORE MEDICAL COUNCIL

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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
<b><u>Non-invasive</u></b>			
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)			
<b><u>Minimally Invasive</u></b>			
Botulinum toxin injection			
Filler injection			
Phlebectomy			
Sclerotherapy			
Thread lifts			
Lasers for - treating vascular lesions and skin pigmentation - skin rejuvenation (e.g. fractional lasers)			
<b><u>Invasive</u></b>			
Abdominoplasty			
Blepharoplasty (including double eyelid)			
Breast enhancement or reduction			
Brow lift			
Free fat grafting			
Hair transplantation			
Implants (excluding breast implants)			
Lasers (ablative eg. CO <sub>2</sub> / YAG) for skin resurfacing			
Rhinoplasty			
Rhytidectomy (facelift)			
Dermabrasion (mechanical)			

**More Information on the Certificate(s)**

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

**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.

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Signature and Name of Doctor

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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