

TITLE:

**Exit Exam Sponsorship  
for Senior Residents**

EFFECTIVE DATE:

**19 October 2015**

REVISION DATE:

**1 June 2016**

PAGES: **6**

PROCESS OWNER:

**Healthcare Manpower Division**

APPROVAL:

**Director, Healthcare Manpower Division**

## **OBJECTIVE**

1. This policy provides guidelines on the application for exit exam sponsorship for Senior Residents.

## **POLICY**

2. This policy sets the application and approval procedure for the sponsorship, claimable items and reimbursement of expense claims.
3. All MOHH-employed Senior Residents are eligible to apply for this sponsorship.
4. The Sponsorship provided is intended as a form of financial assistance to Senior Residents and it may not cover all expenses that arise. Senior Residents may expect to incur some expenses on their own.

## **APPLICATION CRITERIA**

5. Senior Residents must be in active service with MOHH during the period of the exam.
6. Senior Residents are eligible to apply for sponsorship for one exit exam and the exam must be approved by the Joint Committee of Specialist Training (JCST) / Ministry of Health (MOH).

## **APPLICATION PROCESS & APPROVAL**

7. Applicants are required to complete the 'Application for Exit Exams Sponsorship for Senior Residents' (Appendix 1).
8. Applications must be approved by the Programme Director.
9. Application forms should be submitted by email to [physician@mohh.com.sg](mailto:physician@mohh.com.sg) at least 2 weeks before the date of the exams.
10. The outcome of the application will be notified via email.

## **SPONSORSHIP**

11. The sponsorship will provide for the exam fees and one preparatory course. The preparatory course must be taken with the exam in the same sitting. Sponsorship will not be provided for the preparatory course alone.
12. The sponsorship will not provide for supplementary / additional examination fees incurred as a result of failing to qualify for the intended sitting.
13. There will be no course leave, study leave or exam leave provided with this sponsorship.

**TRAINING BOND**

14. There is no service bond associated with this sponsorship.

**REIMBURSEMENT**

15. Reimbursement claims for both the exam and preparatory course must be **consolidated in 1 claim** and submitted together via Prosoft within **3 months** from the date of the exams. Please refer the claim guide on Appendix 2.
16. For payments made in foreign currency, reimbursement will be based on the conversion rate provided in the credit card statement/bank draft. In the absence of the conversion rate, the receipt date will be used to determine the conversion rate from the Monetary Authority of Singapore (MAS) Financial Database to calculate the claim amount.
17. Reimbursement will be credited via payroll.

**ENQUIRY**

For enquiries, please contact:

The Secretariat for Exit Exam Sponsorship  
physician@mohh.com.sg  
DID: 6622-0987 / 6622-0988

## APPLICATION FOR EXIT EXAM SPONSORSHIP FOR SENIOR RESIDENTS

### I) To be completed by Applicant

Name : \_\_\_\_\_ MCR No.: \_\_\_\_\_

Email : \_\_\_\_\_ Contact No.: \_\_\_\_\_

Address: \_\_\_\_\_

Residency (Speciality : \_\_\_\_\_ )

Current Posting Hospital/Dept: \_\_\_\_\_

Have you applied for this or a similar exam sponsorship before?  Yes  No

#### **Details of Examination** (Please attach examination details with your application)

Examination Title : \_\_\_\_\_

\_\_\_\_\_

Organiser: \_\_\_\_\_

Date of Preparatory Course : \_\_\_\_\_ Preparatory Course Fees: \_\_\_\_\_

Date of Examination : \_\_\_\_\_ Examination Fees: \_\_\_\_\_

I declare that the information which I have provided in this application is true and that I have not sought other reimbursements or sponsorships for the above examination. I understand that breach of regulations or inaccurate information in the application will result in liability for severe punishment and approval of funding is conditional and subjected to the approval of the Director, Healthcare Manpower Division.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### II) To be completed by Programme Director

Supported  Please specify relevance/benefits to Applicant's job functions

\_\_\_\_\_

Not recommended  \_\_\_\_\_

\_\_\_\_\_  
Name/Designation/Signature

\_\_\_\_\_  
Date

**III) To be completed by Approving Personnel**

Approved

Not Approved  Reasons for not approving : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Director, Healthcare Manpower Division, MOHH  
Signature & Date

Instructions :

Application forms should be forwarded by email to [physician@mohh.com.sg](mailto:physician@mohh.com.sg)

**Guide on how to submit claims on Prosoft for approved intermediate/exit exam sponsorships**

EFFECTIVE DATE:

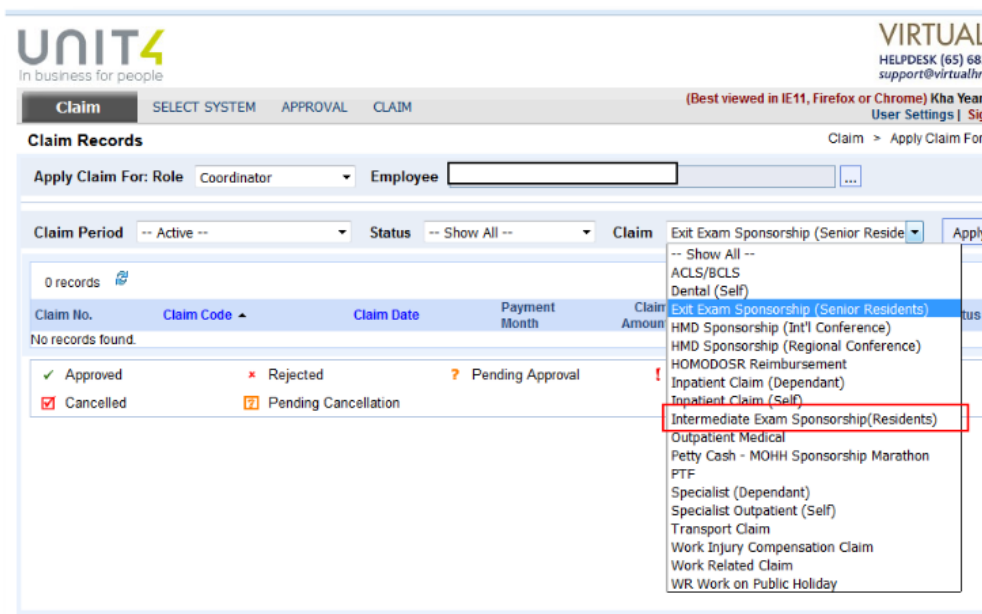
15 Oct 2015

1. Only applications which have been approved by MOHH Secretariat may submit claims through Prosoft.
2. Reimbursements for both the exams and preparatory course must be submitted together in the same claim via Prosoft within 3 months from the date of the exam. The 3-month deadline applies to re-submission of rejected claims.
3. Please ensure that all receipts, email acknowledgements and proof of payment (e.g. bank/credit card statement) are clearly provided. If the documents do not state the purpose of the payment, additional documents will be required for verification.
4. For all payments made in a foreign currency, please use the conversion rate provided on your credit card statement/ bank draft. In the absence of the credit card statement/bank draft, please use the receipt date to determine the conversion rate from the Monetary Authority of Singapore (MAS) Financial Database (<https://secure.mas.gov.sg/msb/ExchangeRates.aspx>) to calculate the Singapore-dollar equivalent.

**Step-by-Step Guide:**

i) Select a claim type:

Intermediate Exam Sponsorship (Residents) / Exit Exam Sponsorship (Senior Residents)



ii) Click "Apply"

iii) Fill up the exam details:

Claim: HMD Sponsorship (Int'l Conference)

Attached Files: 0

**PENDING SUBMISSION**

Name	Date	Status
Goh Ginny		

Add CC Persons

Claim No.

Claim Date: 16-05-2016 Mon

Travel Request Ref.: -- Please Sel

Start Date: [Calendar Icon]

End Date: [Calendar Icon]

Length of Stay: 0

Purpose of Trip: [Text Area]

Remarks: [Text Area]

Claim Amount: 0.00 (Click save to compute)

Claim Amount Before Capping: 0.00

- 3.1 Claim date: Exam date
- 3.2 Start date: Exam start date
- 3.3 End date: Exam end date
- 3.4 Purpose of trip: Title of the exam
- 3.5 Remark: Title of the exam

iv) Click "Add New Record"

v) Fill up the claims details and click "Save"

Receipt Date: [Calendar Icon]

Expense Type: -- Please Select --

Receipt Amount: 0.00 SGD

Exchange Rate / Unit: 1.000000 1.0000

Converted Receipt Amount: 0.00 SGD

Claim Amount: 0.00 (Click save to compute)

Venue / Description: [Text Area]

Remarks: [Text Area]

Cancel Save

- 4.1 Receipt date: Exam date
- 4.2 Expense Type: to select from the drop down list
- 4.3 Receipt amount: Amount in bank or credit card statement/ Demand Draft/ Cashier's Order. Please select the currency type (if payment made in foreign currency) from the drop down list and key in the MAS exchange rate or conversion rate on credit card statement or bank draft
- 4.4 Venue/Description: Country name
- 4.5 Remark: e.g. the actual fees in foreign currency