

**APPLICATION TO AMEND THE PRP TRAINING PERIOD (Page 1)**

**Deputy Director (Pharmacy) @ Master Preceptor**  
Write the name of the state **State Health Department**  
**Ministry of Health (MOH)**

Name of PRP: ..... I/C Number: .....

PRP Number: ..... Place of Training: ..... Date of Training (original dates): .....to.....

Justification:

The total absent days of the PRP to the training premise has exceeded his/her absence eligibility days (*ketidakhadiran yang dibenarkan*) as below:

Reason for Absence	Indicated as	Number of Days
Annual Leave	(A)	
Medical leave (exclude weekend and public holidays)	(B)	
Maternity leave (exclude weekend and public holidays)/ paternity leave	(C)	
Others (exclude weekend and public holidays) (please specify):	(D)	
Total absent days	:(A) + (B) + (C) + (D) = (E)	
Total absence eligibility days 25 days has been allocated as absence eligibility days for PRPs appointed under the MOH	(F)	25
Total days to substitute the absent days during the training period	(E) – (F)	

please fill the details below if PRP's training duration has been **amended** previously with the PBMD approval due to exceeded **absence eligibility** days otherwise please fill **NONE**

1. Date of the approval letter :.....
2. Refence number of the approval letter :.....
3. Amended end date of the PRP training :.....
4. Total number absence days that been substituted previously :.....

**APPLICATION TO AMEND THE PRP TRAINING PERIOD (Page 2)**

Please fill the details below if PRP's training duration has been **extended** previously with the PBMD approval otherwise please fill **NONE**

- 1. Date of the approval letter :.....
- 2. Refence number of the approval letter :.....
- 3. Extended training period :.....
- 4. Extended training module name :.....

Name of Principal Preceptor:.....

Sign & Chop:

Date of Application :.....