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كـمـنـتـرـيـن كـصـيـحـاتـن  
KEMENTERIAN KESIHATAN  
MINISTRY OF HEALTH  
JALAN MENTERI BESAR  
BANDAR SERI BEGAWAN BE3910  
NEGARA BRUNEI DARUSSALAM

Rujukan Kami : (01) DPS/ BDPB / Notice / 2017  
Our Reference

01 May 2017  
04 Sya'ban 1438

To whom it may concern,

### Re: PRIMARY SOURCE VERIFICATION

As part of quality improvement, the Brunei Darussalam Pharmacy Board has reviewed the requirements for application of registration of pharmacists with the board in which pharmacy qualification awarded to the applicant will be required to be verified in order to confirm applicant's credentials from the original or primary source that is the institution or university conferred the qualification before they can be eligible to be registered.

2. This is in-line with Section 7 (b) of the Pharmacists Registration Order, 2001, where the person shall be entitled to be registered; is any person who holds pharmacy qualification. This new requirement will apply to new application as well as all registered pharmacists with the Board.

3. For your information, primary source verification (PSV) on awarded qualification is to confirm all healthcare professionals are qualified and properly credentialed as a risk reduction strategy for patients and healthcare organisation in order to comply with international accreditation such as the Joint Commission International Accreditation (JCI). Please find the work processes involved for PSV as attached in **ANNEX A**. Please take note that as required by the institutions or universities, Letter of Authorisation from the applicant is required to be submitted before the Board can proceed with the verification of qualification request (format of Letter of Authorisation appears as **ANNEX B** or some universities may have their own format). Some institutions or universities may also charge fees for the verification request and; payment will be borne by the applicants.

4. We highly anticipate your kind cooperation and understanding into this matter. For any clarification on the new work process please contact Brunei Darussalam Pharmacy Board Secretary through email [pharmacy.board@moh.gov.bn](mailto:pharmacy.board@moh.gov.bn)

Thank you.

**(HASMILAWATY HJ MD TAIB)**

Registrar

Brunei Darussalam Pharmacy Board  
Ministry of Health  
Brunei Darussalam

### WORK PROCESS IN HANDLING APPLICATION FOR REGISTRATION OF PHARMACISTS THAT INVOLVES PRIMARY SOURCE VERIFICATION

Contact applicants' / pharmacists' university by email to get their qualification verified. **Note:** Letter of Authorisation (as attached in **Annex B**) from the applicants / pharmacists will be required to be submitted to the board.

Notify each individual applicants / pharmacists either by email or phone (when applicable) when the Board receive information from the university that request requires payment.

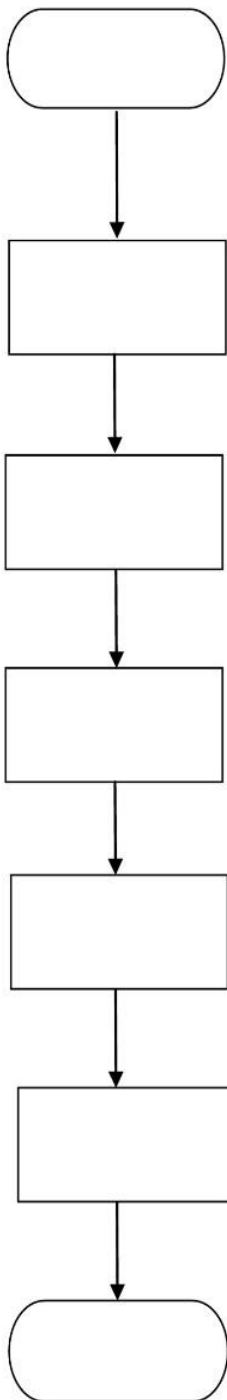
Receive payment from each individual applicants/pharmacists.

Issue payment receipt to applicant

Make payment to the applicants'/pharmacists' university or university service provider (e.g. UK Higher Education Degree Datacheck) on behalf of the individual.

Receive verification document either through email or hardcopy from applicants'/pharmacists' university or university service provider

Send courtesy email to each individual applicants/pharmacists. when the process has completed.



**BRUNEI DARUSSALAM PHARMACY BOARD****Letter of Authorisation**

- I hereby authorise the Brunei Darussalam Pharmacy Board, Ministry of Health, Brunei Darussalam, to verify information, documentation and background verification presented on my application form including but not limiting to education, employment and licences.
- This information/documentation may contain but not limited to grades, dates or attendance, grade point average, degree/diploma certification, employment title, employment tenure, license attained, status of license, place of issue, and any other information deemed necessary to conduct the verification of the information/documentation provided.
- I hereby grant the authority for the bearer of this letter, with immediate effect, to release all necessary information to the Brunei Darussalam Pharmacy Board and I understand that my authorization will remain effective for a period of two years and that the information will be handled confidentially in compliance with all applicable laws.
- I understand that I may see the information that is to be sent, and that I may revoke the authorisation at any time by written and dated communication.
- I have read and understand the nature of this release.
- I hereby release all persons or entities requesting or supplying such information from any liability arising from such disclosure. I am willing that a photocopy of this authorisation be accepted with the same authority as the original.

**Personal Details**

1. Name : \_\_\_\_\_
2. Passport / Identity card Number : \_\_\_\_\_
3. Date : \_\_\_\_\_

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date