



Academy of Medicine
Singapore

eMap – electronic Membership Application and Processing

Online Application *Help*

(Version September 2009)

This Help feature explains the steps involved when you apply online via our e-MAP (electronic Membership Application and Processing)



Academy of Medicine
Singapore

eMap – electronic Membership Application and Processing

WELCOME TO AMS MEMBERSHIP APPLICATION PROCESS

[Click here to apply](#)

Thank you for your interest to join the Academy of Medicine, Singapore.

AMS MEMBERSHIP APPLICATION PROCESS

To apply, you may choose to complete the following application form [Medical Form](#) or [Dental Form](#) and submit it, with accompany materials, along with payment to:

The Academy of Medicine, Singapore
81 Kim Keat Road, #11-00 NKF Centre
Singapore 328836

ATTN: Membership Officer

Or apply online via our e-MAP (electronic Membership Application and Processing) available at [click here](#)

After your application is received, you will receive an e-mail confirmation. Please allow several weeks for the application process.

Help #1:

At the application form management page, you should see a 'Click here to apply' button.

After reading the information available at the page, click on the button to be directed to the application form.

APPLICATION FOR MEMBERSHIP

Click to start application form

Personal Details

Please fill in your personal details...

Application Type*

Dental Medical Other

Choose application type

Click to select the correct option.

Membership Type*

- Select -

Please choose the appropriate category of membership

Registered Specialty*

Please indicate the specialty (specialties) you are registered with the SMC

1. - Select - 2. - Select - (Dual Accreditation, if applicable)

Please indicate the College/Chapter of your specialty (specialties) or leave it blank if unsure.

College

- Select -

Chapter

- Select -

Clinical Interest

1.

Research Interest

2.

Fill in all required fields

Help #2:

You will be asked to fill in your personal details as shown above.

Please select the correct option and fill in the blanks accordingly. Fields highlighted with an asterisk are required to be filled.

(continued)

NRIC

FIN

Passport No

MCR

DCR

Others AM0055

NRIC format is an Alphabet followed by 7 numbers and ending with other Alphabet, etc. S9110321G.

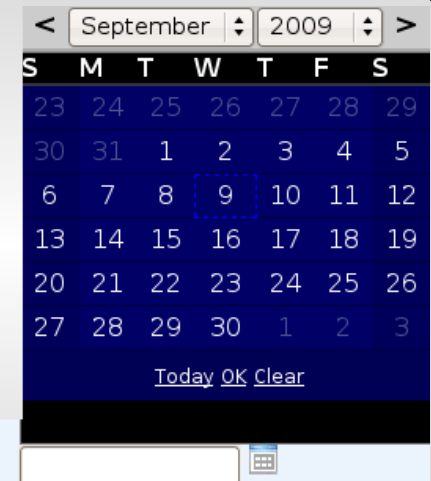
Date Of Birth* 

Nationality*

Gender*

Ethnic Group*

You can select the date by clicking the calendar icon.



Email* 

Mobile*

You can use the Email auto-fill function by clicking the envelope icon. (only available after you saved your information)

(continued)

The form is divided into two identical sections: 'Home' and 'Practice Place'. Each section contains the following fields:

- Phone:
- Fax:
- Postal Code:
- Address 1:
- Address 2:
- Address 3:
- Address 4:
- Address 5:
- Country:
- Set as Mailing Address:

Below the 'Practice Place' section, there is a 'Photo*' field with a and a

Auto-fill your address by inputting your postal code. You are reminded to enter your full address (i.e. building name/block number/unit number, etc.)

Set mailing address by checking the circle

You should upload a passport sized photo of yourself for verification purposes.

Help #3:

Fill in the blanks with the relevant information required as shown above.

You are required to set a preferred mailing address (either your workplace or your home).

Please, always save all information entered.

You can save the current information entered and continue later - from your email notification link that will direct you to the correct page.

Save

Save Draft And Continue Later

Next

Print Form

Print Blank Form

[Cancel Application](#)

You can print the application form according to information that has been filled in.

You can print the blank application form.

You can cancel the application form and you will be redirected out of the application form page. All data entered will be deleted permanently.

Help #4:

After filling in all the required fields, there will be a navigation bar at the bottom of the page as shown above. This navigation bar will be displayed at the bottom of the page for all the procedures in the application form. Click on the 'Next' button to continue with the application form.

Qualifications

Please fill in your qualifications...

Add Qualification

Click to add Qualification

Qualification Type:

Postgraduate Medical Qualification

Qualification:

Null

Year:

1993

Institution:

Institution of xxxxxxxxxx

Country:

Singapore

Select your Qualification Type and fill in all required fields

Save

Click to save Qualification

Cancel

Qualification Type

Year

Institution

Country

Qualification

Action

Save Draft And Continue Later

Next

Print Form

Print Blank Form

[Cancel Application](#)

Help #5:

You will be directed to this page after clicking 'Next' from the completed personal details form.

You will then be requested to fill in your Qualifications as shown above. Click on the 'Add Qualification' button and you will be asked to fill in the details. Register the Qualification after information is entered by clicking the 'Save' button.

Personal Details | **Qualifications** | Registered Specialties | Employment History | Overseas Training | Referees | Upload Attachments | Submit Form

Qualifications

Please fill in your qualifications...

Add Qualification

Qualification Type	Year	Institution	Country	Qualification	Action
Postgraduate Medical Qualification	1993	Institution of xxxxxxxxx	Singapore	Null	Edit Remove

Add Attachment

Print Form

Click to add attachment

Add Attachment

Maximum size of upload is **2MB!**

Attachment Name

Attachment Type:

File **Browse...**

Download

Hard Copy Check if you prefer to fax/mail the documents

Remark

Save

Cancel

Browse for documents to upload

Add remark here if u wish

Help #6:

Upon saving, you should be able to see your Qualification submitted as shown above.

Note: You have to add attachment as evidence of any qualification you mention in your form. Select the Attachment Type, fill in the required fields (either hard or soft copy) and add any remark if you wish. Remember to click 'Save' for submission.

Short summary of application procedure for different application types

Dental :

Personal Details Qualifications Employment History Specialty Overseas Training Leave Declaration Referees Upload Attachments Submit Form

Personal Detail > Qualifications > Employment History > Specialty > Overseas Training > Leave Declaration > Referees > Upload Attachments > Submit Form

Medical

Personal Details Qualifications Registered Specialties Employment History Overseas Training Referees Upload Attachments Submit Form

Personal Detail > Qualifications > Registered Specialties > Employment History > Overseas Training > Referees > Upload Attachments > Submit Form

Others :

Personal Details Qualifications Employment History Referees Upload Attachments Submit Form

Personal Detail > Qualifications > Employment History > Referees > Upload Attachments > Submit Form

Click on this button if u are applying for Medical type of application.

Medical

Click on this button if u are applying for Dental / Other type of application.

Dental / Others

Help #7:

Next, depending on the application type you have chosen to apply for, you will go through a slightly different procedure as shown above.

Registered Specialties

* NOT applicable to Ordinary Member.

Please attach Certified True Copies of your certificates.

Add Registered Specialty

Click to add Specialty

Application Form

Authority:

- Select -

Specialty:

- Select -

Date

Completed/registered:



Save

Select your respective Authority, Specialty and fill in the date completed/registered.

Upon saving, you should see your specialty like the example shown below. Similarly, you can add attachment for certificate evidence or other documents just like you did for Qualifications.

Registered Specialties

* NOT applicable to Ordinary Member.

Please attach Certified True Copies of your certificates.

Add Registered Specialty

Specialty	Authority	Date Completed/registered	Action
Cardiology	Singapore Medical Council (SMC) <input type="button" value="Add Attachment"/>	22/04/1996	Edit Remove

Help #8:

As you have selected to apply for a **medical type** of application, you will be directed to a page for declaring any registered specialty you have.

NOTE: Ordinary members can skip this procedure by clicking the 'Next' button or simply click the Employment History Tab.

Employment History

Please begin with your most current or last held appointment...

Add Employment History

Click to add employment history

Department:

Institution:

Appointment:

From:



To:



Till Present

Save

Cancel

Fill in the Department, Institution and Appointment during your employment for the period.

Click the respective buttons for the next procedure

Dental

Medical

Others

Fill in the dates of your employment period by either from (Date) to (Date) or from (Date) till present.

Employment History

Please begin with your most current or last held appointment...

Add Employment History

Department	Institution	Appointment	From	To	Till Present	Action
Null	Institution of xxxxxxxx	Null	12/09/2000	06/09/2004		Edit Remove

Add Attachment

Save Draft And Continue Later

Next

Print Form

Print Blank Form

[Cancel Application](#)

Help #9:

Next, you will be asked for your employment history (if any).

Very similar to the previous procedures, attachments can be added after saving.

Specialty

Please indicate the duration for:

- | | |
|--|---|
| 1. MDS programme (if applicable): | No. of <input type="text"/> years <input type="text"/> mth(s) |
| 2. Practising specialty after MDS (if applicable): | No. of <input type="text"/> years <input type="text"/> mth(s) |
| 3. Practising specialty in an accredited department: | No. of <input type="text"/> years <input type="text"/> mth(s) |
| 4. Application to Restrict Practice approved by Singapore Dental Council (if applicable): (if yes, please attach approval letter from SDC) | <input type="checkbox"/> Yes |
| 5. Full time SDC-approved restricted private practice after MDS: | No. of <input type="text"/> years <input type="text"/> mth(s) |

Save Specialty

Save Draft And Continue Later

Next

Print Form

Print Blank Form

[Cancel Application](#)

Help #10:

As you have selected to apply for a **dental type** of application, you will be directed to a page for declaring any specialty you have.

Fill in the blanks according to the number of years and months you were engaged in the programs respectively.

You are required to attach an approval letter if you checked 'yes' for question 4 (Under 'Upload Attachments' tab in the menu.).

Overseas Trainings
(If Applicable) If you will be out of the country for a period of more than six months, please indicate the period and reason(s).

Date From 

Date To 

Country

Reason(s)

Click to add overseas training information

Fill in the dates, country which you did your training and the reason(s) for travel.

Please click this button if you have chosen Medical type application.

Help #11:

The next procedure will be declaring if you have any overseas training(s) of more than six months (if applicable).

Attach any relevant information or documents if needed after saving, just like in the previous screens.

Leave Declaration

Please indicate the period of leave taken during your period of training, if any eg. Reservists, maternity (exclude vacation.)

Add Leave Declaration

Click to add leave declaration

From



To



Months

Reason(s)

Fill in the dates and give reasons why you applied for leave during the period.

Save

Cancel

Help #12:

This procedure is only available for dental type of applications. You are supposed to declare the period of time in which you applied for leave during your period of training. (if applicable)

Referees

*Not a direct family member of the applicant.

List **MINIMUM three referees** who are Fellows of the Academy of Medicine, Singapore, two of whom shall be of 5 years standing and in the specialty within the same Chapter/College.

Add Referee

Surname

Given Name

Salutation

FAMS Admission

MCR / DCR No

Address

Contact No

Email

Click to nominate your referees

Fill in all the required fields

This is an example of what it should look like after you have successfully nominated three referees.

Cancel

Referees

*Not a direct family member of the applicant.

List **MINIMUM three referees** who are Fellows of the Academy of Medicine, Singapore, two of whom shall be of 5 years standing and in the specialty within the same Chapter/College.

Add Referee

Salutation	Name	FAMS Admission	Address	Contact No	Email	Notification Sent	Decision	Deadline	Action
Dr	Choo Lai	03/09/2009	Null	64455445	Null@nextlogic.net		No Decision		Edit Remove
Dr	Guo Lai	03/09/2009	Null	65544554	Null@nextlogic.net		No Decision		Edit Remove
Mdm	Sia Lai	26/09/1999	Null	65333333	Null@nextlogic.net		No Decision		Edit Remove

Print Form

Help #13:

The next important procedure is to nominate your referees. You are required to fill in at least three nominated referees with the stated requirements as shown above. Repeat the process for all three referees (by clicking the 'Add Referee' button again after the first referee has been nominated).

Note: Your application will not be submitted unless 3 referees are nominated.

Upload Attachments

Please upload in your attachments...

Add Attachment

Attachment Name	Download	Hard Copy	Remark	Last Updated	Action
Certificate of post graduate qualification		Hard Copy		09/09/2009	Edit Remove

Save Draft And Continue Later Next Print Form Print Blank Form [Cancel Application](#)

Help #14:

Once completed, you are given another chance to attach any other relevant documents you wish to submit by clicking the '**Upload Attachment**' tab or simply the 'Next' button at the navigation bar.

When you are done with attaching and have checked that all information you have entered till this point is correct, you may now proceed to the final step, submitting the form.

Submit form

Please

1. Mode of Payment

- Cash
- Cheque
(payable to Academy of Medicine, Singapore)
- Credit Card

Card Type

- Visa
- Master Card

Credit Card No.

CVV No. (3-digit code at back of card)

Expiry Date /

Name On Card

I authorize the Academy of Medicine, Singapore to charge the total invoiced amount to my credit card.

Select your mode of payment

Note that all fields are required if you select payment by credit card. You are also reminded to check the box for the authority of the charging process.

2. Checklist for submission of application:

3. Why do you want to be a members of the Academy?

- How did you hear about AMS?
- AMS website
 - Fellow FAMS
 - JCST
 - College/Chapter
 - All of the above
 - Other

Please give us a short narrative as to why you want to become a Fellow of the Academy.

Click to submit payment. You won't be able to complete the form submission without submitting your choice of payment option first.

Choose the most suitable selection and provide a short narrative on why you are interested to be a Member of the Academy.

4. Declaration

I declare that all information and supporting documents submitted in support of this application are accurate.

Finally, submit your application form

Check the box for Declaration

Your application was successfully submitted

Dear Dr Miku Hatsune,

Thank you for your interest in applying as a Fellow of the Academy of Medicine, Singapore.

Your application has been received and will be reviewed by the Membership Committee.

We will be in contact with you once the review process has been completed and you have fulfilled the criteria of the application. Please allow several weeks for the application review.

You can print your Form here: [Print Form](#)

Academy of Medicine, Singapore | 81 Kim Keat Road | #12-00, NKF Centre | Singapore 328836 | Tel: (65) 6593 7800 | Fax: (65) 6593 7880

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NOTICE: Please visit us at www.ams.edu.sg for more information. This message is confidential and may be legally privileged. It is intended solely for the person to whom it is addressed. If you are not the intended recipient, please notify the sender and delete the message and any other record of it from your system immediately. Thank you.



ACADEMY OF MEDICINE, SINGAPORE
81 Kim Keat Road, #11-00, NKF Centre, Singapore 328836
Phone: 6593 7800 Fax: 6593 7860
Email: main@ams.edu.sg Website: www.ams.edu.sg



APPLICATION FOR FELLOWSHIP (DENTAL SPECIALISTS)

Membership Type: Local

Please indicate the specialty (specialties) you are registered with the SDC:

1. Dental Surgery Accreditation
2. Dental Public Health

Please indicate the College/Chapter of your specialty (specialties) or leave it blank if unsure.

College: College of Dental Surgeons Chapter: Chapter of Oral & Maxillofacial Surgeons

A: PERSONAL DETAILS			
Surname: Mku	Given Name: Hatsune	Salutation: Dr	
NRIC/Passport No: S8611231G	FIN No:	DCR No	01
Date of Birth: 11/03/1986	Nationality: Singaporean		
Gender: Female	Ethnic Group: N.A.		
Home Address: 55 TELOK BLANGAH DRIVE 55 Telok Blangah Drive Singapore 100055		Office/Practice Address: PALMER HOUSE 70 Palmer Road Singapore 079427	
Postal Code: 100055		Postal Code: 079427	
Preferred mailing address (tick one): <input type="checkbox"/> Home			
Tel:	(Home) 61233451	(Office) 63691344	(Mobile) 91232313 (Fax)
Email address:(compulsory information) Mku@nextlogic.net			
B: QUALIFICATIONS / POSTGRADUATE STUDIES			
Please attach Certified True Copies of your certificates.			

Help #15:

Once you click on submit application, you will be directed to a successful application submission page like the example shown above.

You can **print** your application form for future reference. (An example of the format is shown above)

Other information

Referees

*Not a direct family member of the applicant.

List **MINIMUM three referees** who are Fellows of the Academy of Medicine, Singapore, two of whom shall be of 5 years standing and in the specialty within the same Chapter/College.

Add Referee

Salutation	Name	FAMS Admission	Address	Contact No	Email	Certification Sent	Decision	Deadline	Action
Dr	Choo Lai	03/09/2009	Null	64455445	Null@nextlogic.net		No Decision		Edit Remove
Dr	Guo Lai	03/09/2009	Null	65504534	Null@nextlogic.net		No Decision		Edit Remove
Mdm	Sia Lai	26/09/1999	Null	65333333	Null@nextlogic.net		No Decision		Edit Remove

Print Form

Notice that there is an edit / remove function for most information you entered, take for example, the referees nomination page as shown here.

Help #16:

Note that they allow you to amend any changes you wish to make to the respective fields before you submit the form.

Once form is submitted, you can contact us if you want to make any amendments or cancel the application form.

Contact us

If you face any difficulties with online application form, please contact us for assistance at the following:

IT Department (65) 6593 7872
Membership Department (65) 6593 7883

IT_support@ams.edu.sg
membership@ams.edu.sg