Malaysian Academy of Pharmacy (MAP)
CPD Online Module Development

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APPENDIX 1
MAP-CPD-F01

PROPOSED CPD ONLINE MODULE TOPIC REQUEST FORM

A. Applicant Information

Lead Author :

Institution :

Email :

Telephone :

Co-author(s) :

B. Proposed Module

Module Title :

Chapter Title(s) (if applicable) :

C. Rationale

Please briefly describe why this topic is important for pharmacists' continuing professional development.

.....

.....

.....

.....

.....

D. Learning Outcomes

Upon completion, participants will be able to:

1.
2.
3.
4.

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E. Target Audience (You can tick more than one)

☐ Community Pharmacists
☐ Hospital Pharmacists
☐ Industrial Pharmacists
☐ Regulatory Pharmacists
☐ PRPs
☐ Others: .....

F. Proposed Format

☐ Video module
☐ Powerpoint module
☐ Blended learning
☐ Others: .....

Estimated number of chapters:

Estimated completion period:

G. Sponsorship

Will sponsorship be sought? ☐ Yes ☐ No

If yes:

Proposed sponsor:

Status:

☐ Confirmed
☐ Pending
☐ To be approached

H. Proposed Reviewers

Please nominate two independent reviewers.

Reviewer	Institution	Email
Reviewer 1		
Reviewer 2		

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Declaration

I confirm that this proposal has not previously been submitted to MAP and that I agree to comply with the MAP Guidelines for CPD Online Module Development.

Lead Author Signature:

Date:

MAP CPD Committee Decision

☐ Approved
☐ Approved with revision
☐ Not approved
Reason:

Comments: :

Chairperson :

Date :

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APPENDIX 2
MAP-CPD-L01

APPROVAL OF MODULE TOPIC AND DEVELOPMENT TIMELINE

[MAP Letterhead]

Date:

Dear Dr./Mr./Ms. _____,

Approval of CPD Online Module Proposal

We are pleased to inform you that the Malaysian Academy of Pharmacy (MAP) has approved your proposal to develop the following CPD Online Module.

Approved Module Details

Module Title:

Lead Author:

Co-author(s):

Format:

- ☐ Video
- ☐ Powerpoint
- ☐ Blended
- ☐ Others:……..

Number of chapters:

Approved Timeline

Activity	Target Date
Topic approval	
Submission of first draft	
Reviewer appointment	
Reviewer feedback	
Revised submission	
Final approval	
Website publication	

Unless otherwise agreed, the completed module should be submitted within **six (6) months** from the date of this approval.

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Any request for an extension should be submitted in writing with appropriate justification before the deadline.

Please note that this approval does not imply automatic entitlement to honorarium. Payment, where applicable, shall be governed by the MAP Guidelines for CPD Online Module Development, sponsorship arrangements, and the MAP Honorarium Policy.

We appreciate your contribution towards advancing Continuing Professional Development for the pharmacy profession.

Yours sincerely,

Chairperson
MAP CPD Committee

APPENDIX 3
MAP-CPD-L02

APPOINTMENT OF AUTHOR / REVIEWER

[MAP Letterhead]

Date:

Dear Dr./Mr./Ms. _____,

Appointment as Author / Reviewer

The Malaysian Academy of Pharmacy (MAP) is pleased to appoint you as an **Author / Reviewer** for the development of the following Continuing Professional Development (CPD) Online Module.

Module Title:

Chapter(s):

Role:

☐ Lead Author
☐ Co-author
☐ Reviewer

Your responsibilities include:

For Authors

- Develop the module in accordance with the MAP Guidelines for CPD Online Module Development.
- Submit the completed module within the agreed timeline.
- Respond to reviewer comments where applicable.

For Reviewers

- Conduct an independent academic and technical review.
- Declare any conflict of interest.
- Submit comments within one month of receipt of the module.

Please note that the payment of honoraria shall be in accordance with the MAP Honorarium Policy and is dependent upon the mode of appointment, sponsorship arrangement, and availability of funding.

Kindly confirm your acceptance by signing and returning the attached acceptance slip within fourteen (14) days.

We look forward to your valuable contribution.

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Yours sincerely,

Chairperson
MAP CPD Committee

Acceptance

I accept the appointment.

Signature:

Name:

Date:

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APPENDIX 4
MAP-CPD-F02

AUTHOR'S DECLARATION FORM
Academic Integrity, Copyright, Artificial Intelligence (AI) and Conflict of Interest

Module Title:

Chapter/Topic:

Author(s):

Institution/Organisation:

Date: Version:

Part A: Academic Integrity, Copyright And Originality

I/We declare that:

- ☐ The submitted module content is original and has been prepared with appropriate scholarly contribution by the author(s).
- ☐ All sources, references, quotations, figures, tables, images and other materials have been appropriately cited and referenced.
- ☐ Copyright permission has been obtained where required, including permission for third-party text, figures, tables, images, videos, or other copyrighted materials.
- ☐ The submitted content does not contain plagiarism, including unattributed copying or inappropriate reproduction of another person's work.
- ☐ All data, statistics, recommendations, references and citations are accurate, current where applicable, and verifiable.
- ☐ Any third-party or previously published material has been appropriately acknowledged and used in accordance with applicable copyright and licensing requirements.

Part B: Use Of Artificial Intelligence (Ai)

B1. Declaration of AI Use

Please tick one:

- ☐ I/We did not use any AI tool in the preparation of this module.
- ☐ I/We used AI tools in the preparation of this module for the following purposes:

(tick all applicable):

- ☐ Language refinement/proofreading
- ☐ Formatting assistance
- ☐ Draft content generation

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☐ Brainstorming/idea development
☐ Quiz/question drafting
☐ Visual design assistance
☐ Transcription/captioning
☐ Other: _____

AI tool(s) used, if applicable:

B2. Author Responsibility

I/We confirm that:
☐ All AI-assisted content has been critically reviewed, edited and validated by the author(s).
☐ I/We remain fully responsible for the scientific and clinical accuracy of the module.
☐ I/We have verified the accuracy of references, citations, data and recommendations, including any information generated or suggested by AI.

PART C: CONFLICT OF INTEREST AND COMPETING INTERESTS

I/We declare the following:

C1. Financial Relationships
☐ I/We have no financial relationship that could reasonably be perceived as influencing the content of this module.
☐ I/We have financial relationship(s) that may be relevant to this module.

If yes, please provide details:

C2. Sponsorship / Commercial Affiliations
☐ I/We have no sponsorship or commercial affiliation relevant to this module.
☐ I/We have sponsorship or commercial affiliation(s) relevant to this module.

If yes, please provide details:

C3. Other Competing Interests
☐ I/We have no other competing interests to declare.
☐ I/We have other competing interests that may be relevant to this module.

If yes, please provide details:

Note: MAP reserves the right to request further information, require appropriate management of a declared conflict, appoint an alternative author/reviewer, or reject a submission where a conflict may compromise educational independence or integrity.

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PART D: AUTHOR'S DECLARATION

I/We hereby declare that the information provided in this form is true, complete and accurate to the best of my/our knowledge.

I/We acknowledge that:

- the author(s) remain fully responsible for the content, accuracy, originality and integrity of the submitted module;
- the use of AI does not transfer or reduce the author's scholarly, ethical or professional responsibility;
- MAP may request supporting information or clarification regarding copyright, references, AI use or conflicts of interest; and
- MAP may withhold approval or publication of the module if the submission does not comply with the MAP CPD Online Module Development Guidelines.

Author 1
Name:

Signature:

Date:

Author 2
Name:

Signature:

Date:

Author 3
Name:

Signature:

Date:

Add additional author declaration pages where required.

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Conflict declared:

☐ No ☐ Yes

Action taken:

☐ Accepted

☐ Accepted with management plan

☐ Reviewer/Author replaced

☐ Others: .....

Approved by:

Chairperson
MAP CPD Committee

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APPENDIX 5
MAP-CPD-F03

CPD ONLINE MODULE SUBMISSION CHECKLIST

Module Title:

Lead Author:

Date Submitted:

A. Administrative Checklist

Item	Yes	No	N/A
Topic approval obtained	☐	☐	☐
Timeline complied with	☐	☐	☐
Module prepared using MAP template	☐	☐	☐
Lead author identified	☐	☐	☐
Author declarations attached	☐	☐	☐

B. Academic Content

Requirement	Yes	No
Learning objectives included	☐	☐
Evidence-based content	☐	☐
Current guidelines used	☐	☐
Clinical application included	☐	☐
Summary included	☐	☐
References formatted appropriately	☐	☐

C. Assessment

Requirement	Yes	No
15–20 MCQs submitted	☐	☐
Answers provided	☐	☐
References for MCQs provided	☐	☐

D. Multimedia

Requirement	Yes	No
Figures labelled	☐	☐
Copyright permission obtained	☐	☐
Videos submitted	☐	☐
Captions/subtitles included	☐	☐

E. Sponsorship

☐ Sponsored
☐ Non-sponsored

Sponsor:

Lead Author Signature:

Date:

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Administrative check completed by:

Name:

Signature:

Date:

APPENDIX 6
MAP-CPD-F04

REVIEWER EVALUATION FORM

Reviewer Name:

Module:

Date:

Please score each criterion.

Criterion	Score (1–5)	Feedback
Scientific accuracy		
Clinical relevance		
Currency of evidence		
Learning objectives achieved		
Educational value		
Organisation		
Writing quality		
References		
MCQs		
Overall quality		

Comments

Strengths:

Areas requiring revision:

Additional comments:

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Recommendation

☐ Accept
☐ Minor Revision
☐ Major Revision
☐ Reject

Reviewer Signature:

Date:

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APPENDIX 7
MAP-CPD-F05

REVIEWER'S DECLARATION FORM

Module/Chapter Title:

Reviewer's Name:

Affiliation/Institution:

Date of Review:

PART A: CONFIDENTIALITY AND INDEPENDENCE

Please tick (✓) where applicable.

☐ I agree to treat the module/chapter and all associated materials as confidential and will not share, reproduce, or distribute them without permission from MAP.
☐ I will use the materials provided solely for the purpose of reviewing the CPD module/chapter.
☐ I will conduct the review independently, objectively, and professionally, based on the scientific, clinical, educational, and professional merits of the material.
☐ I will not use information obtained during the review process for personal, professional, commercial, or other purposes.

PART B: CONFLICT OF INTEREST

Please tick (✓) the appropriate response.

1. Financial or Commercial Interest

☐ I have no financial or commercial interest that could influence my review.
☐ I have a financial or commercial interest that may be relevant to this module/chapter.
Please provide details:

2. Professional or Personal Relationship

☐ I have no professional, personal, academic, or other relationship with the author(s) that could affect my objectivity.
☐ I have a relevant relationship with the author(s).
Please provide details:

3. **Other Competing Interests**

☐ I have no other competing interest that could influence my review.
☐ I have another competing interest.
Please provide details:

If a potential conflict exists, I will inform MAP CPD Committee before proceeding with or completing the review.

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PART C: REVIEWER RESPONSIBILITIES

I confirm that:

- ☐ I will assess the module/chapter objectively and provide constructive, evidence-based feedback.
- ☐ I will assess the accuracy, currency, relevance, clarity, and appropriateness of the content for the intended CPD audience.
- ☐ I will provide comments and recommendations that are intended to improve the quality and educational value of the module/chapter.
- ☐ I will complete the review within the timeframe agreed with MAP CPD Committee or inform MAP if an extension is required.
- ☐ I understand that the final decision on approval, revision, or publication rests with the MAP CPD Committee.

PART D: USE OF ARTIFICIAL INTELLIGENCE (AI)

1. Use of AI during the review process

   Please tick (✓) one:

   - ☐ I did not use AI tools in reviewing this module/chapter.
   - ☐ I used AI tools to assist with selected aspects of the review.

2. Reviewer's responsibility when using AI

   - ☐ I have independently reviewed and verified all AI-assisted outputs before including them in my review.
   - ☐ I remain fully responsible for the accuracy, appropriateness, and integrity of my review.
   - ☐ I have not uploaded confidential, unpublished, proprietary, or personally identifiable information from the module/chapter into a public AI system.
   - ☐ I understand that the use of AI does not replace my professional judgement or responsibility as a reviewer.

PART E: REVIEWER'S DECLARATION

I declare that:

- ☐ The information provided in this form is true, complete, and accurate to the best of my knowledge.
- ☐ I have disclosed all relevant conflicts of interest.
- ☐ I will maintain confidentiality of the materials and information provided to me during the review process.
- ☐ I will conduct the review objectively, independently, and in accordance with appropriate professional and academic standards.
- ☐ I understand that MAP may request clarification or additional information regarding my declaration or review.
- ☐ I understand that failure to comply with this declaration may result in the review being withdrawn or other appropriate action being taken by MAP CPD Committee.

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Reviewer's Name:

Signature:

Date:

Email/Contact:

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Date Received:

Conflict of Interest Declared:
☐ No ☐ Yes – reviewed by MAP CPD Committee

AI Use Declared: ☐ No ☐ Yes

Reviewer Appointed/Approved: ☐ Yes ☐ No

Remarks/Action Required:

Reviewed/Approved by:

Date:

APPENDIX 8
MAP-CPD-F06

AUTHOR RESPONSE TO REVIEWERS

Module:

Lead Author:

Reviewer:

Reviewer Comment	Author Response	Action Taken	Page No.

Lead Author Signature:

Date:

APPENDIX 9
MAP-CPD-F07

SPONSORSHIP APPLICATION / AGREEMENT FORM

Sponsor:

Company:

Contact Person:

Email:

Telephone:

Module Details

Title:

Lead Author:

Sponsorship Amount: RM _____

Sponsorship Covers

- ☐ Author honorarium
- ☐ Reviewer honorarium
- ☐ Website hosting
- ☐ Platform maintenance
- ☐ Module updating
- ☐ Other……

Sponsor Declaration

The sponsor agrees that:

- Educational independence will be maintained.
- The sponsor will not influence educational content.
- The sponsor will not influence reviewer selection.
- Sponsorship does not imply endorsement of products.

Authorised Representative:

Signature:

Date:

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Approved by

Chairperson
MAP CPD Committee

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APPENDIX 10
MAP-CPD-F08

FINAL MODULE APPROVAL FORM

Module:

Lead Author:

Reviewer(s):

Academic Review

Requirement	Yes	No
Reviewer comments addressed	☐	☐
Scientific accuracy confirmed	☐	☐
References updated	☐	☐
MCQs approved	☐	☐
Copyright requirements met	☐	☐
AI declaration received	☐	☐

Administrative Review

☐ Complete
☐ Incomplete

Final Decision

☐ Approved for publication
☐ Revision required
☐ Not approved

Approved by

Chairperson
MAP CPD Committee

Date:

Website publication date:

APPENDIX 11
MAP-CPD-F09

MODULE UPDATE REQUEST FORM

Module Title:

Original Publication Date:

Current Version:

Reason for Update

- ☐ New clinical guideline
- ☐ New evidence
- ☐ Regulatory changes
- ☐ Safety update
- ☐ Drug approval/withdrawal
- ☐ Periodic review
- ☐ Other:……

Sections to be Updated:

Estimated Extent

- ☐ Minor revision
- ☐ Major revision
- ☐ Complete rewrite

Proposed Author(s):

Funding

- ☐ Existing sponsorship
- ☐ New sponsorship required
- ☐ MAP-funded
- ☐ No funding required

Expected Completion Date:

Recommendation by MAP CPD Committee

- ☐ Approved
- ☐ Deferred
- ☐ Not approved

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Comments:

Chairperson
MAP CPD Committee

Date: