



NEW PROFESSIONAL REGISTRATION SYSTEM (PRS)

MANUAL FOR EXISTING REGISTERED ALLIED HEALTH PROFESSIONALS

VERSION 2.0

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INTRODUCTION

The Allied Health Professions Council (AHPC) has put together this Professional Registration System (PRS) manual for existing registered Allied Health Professionals (AHPs) so as to facilitate your applications for the following functions:

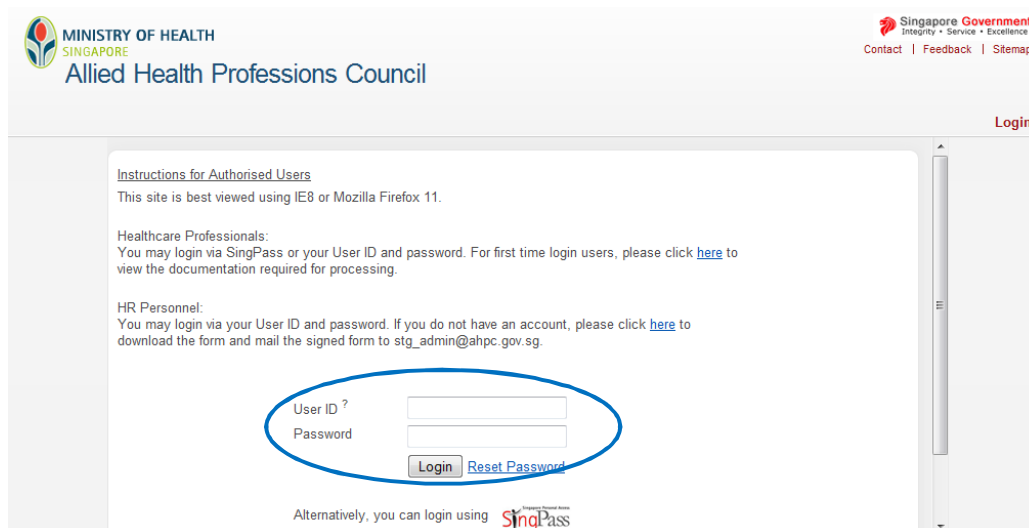
- a) Update Particulars
- b) Renewal of Practicing Certificate
- c) Application for Reprint of Registration Certificate or Practicing Certificate
- d) Application for Certificate of Good Standing
- e) Application for Conversion from Conditional Registration to Full or Restricted Registration

The abovementioned functions may be accessed via the AHPC website (www.ahpc.gov.sg).

We hope that you will find this manual useful. You may also write in to us at AHPC@spb.gov.sg if you have further questions.

1. UPDATE PARTICULARS

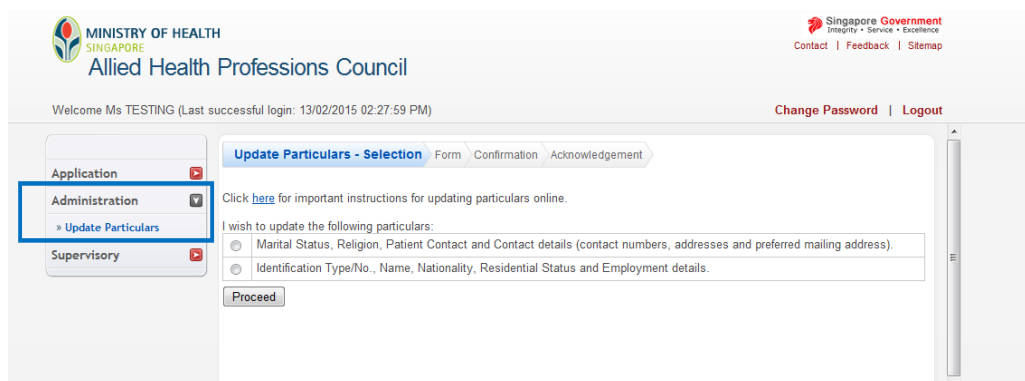
- 1.1 To begin updating your personal particulars, please log into the Professional Registration System.



The screenshot shows the login page of the Allied Health Professions Council. At the top, there is a header with the Ministry of Health Singapore logo and the council's name. On the right, there is a 'Singapore Government' logo and links for 'Contact', 'Feedback', and 'Sitemap'. A 'Login' link is also present. The main content area contains instructions for authorized users, including a note about browser compatibility (IE8 or Mozilla Firefox 11). It provides login instructions for Healthcare Professionals (via SingPass or User ID and password) and HR Personnel (via User ID and password, with a link to download a form). A login form is displayed with fields for 'User ID ?' and 'Password', and buttons for 'Login' and 'Reset Password'. A blue oval highlights the login form. Below the form, it says 'Alternatively, you can login using SingPass'.

- 1.2 On the column to the left of the screen, click on "Administration" and then select "Update Particulars". There are two different sets of information that may be updated.

Please note that updates under category (a), as mentioned in the following sections, are uploaded onto the system immediately after your confirmation while updates under category (b) will need to be approved by the AHPC.



The screenshot shows the 'Update Particulars' page. The header is the same as the login page. Below the header, there is a welcome message: 'Welcome Ms TESTING (Last successful login: 13/02/2015 02:27:59 PM)'. On the left, there is a sidebar with a menu. The 'Administration' menu item is highlighted with a blue box, and the 'Update Particulars' sub-item is also highlighted. The main content area has a title 'Update Particulars - Selection' and a progress bar with steps: 'Form', 'Confirmation', and 'Acknowledgement'. It includes a link to 'Click here for important instructions for updating particulars online.' and a section titled 'I wish to update the following particulars:' with two radio button options: 'Marital Status, Religion, Patient Contact and Contact details (contact numbers, addresses and preferred mailing address)' and 'Identification Type/No., Name, Nationality, Residential Status and Employment details.' A 'Proceed' button is at the bottom.

1.3.1 Your options to “Update Particulars” is dependent on your registration type.

Allied Health Professionals under **Full Registration** will have the following options:

- Marital status, religion, and contact details
- Identification type/no, name, nationality, residential status and employment details

The screenshot shows the AHPC portal interface for a user named Ms TEST2. The left sidebar contains a menu with 'Update Particulars' highlighted. The main content area is titled 'Update Particulars - Selection' and includes a 'Form' tab. A blue box highlights the selection options: 'Marital Status, Religion, Patient Contact and Contact details (contact numbers, addresses and preferred mailing address)' and 'Identification Type/No., Name, Nationality, Residential Status and Employment details'. A 'Proceed' button is visible at the bottom of the selection area.

1.3.2 Allied Health Professionals under **Conditional, Restricted or Temporary Registration** will have the following options:

- Marital status, religion, and contact details
- Identification type/no, name, nationality, and residential status

Updates on your employment details will have to be submitted to the AHPC via e-mail for processing and approval.

The screenshot shows the AHPC portal interface for a user named Ms TESTING ONE. The left sidebar contains a menu with 'Update Particulars' highlighted. The main content area is titled 'Update Particulars - Selection' and includes a 'Form' tab. A blue box highlights the selection options: 'Marital Status, Religion, Patient Contact and Contact details (contact numbers, addresses and preferred mailing address)' and 'Identification Type/No., Name, Nationality and Residential Status details'. A 'Proceed' button is visible at the bottom of the selection area.

1.4.1a FOR APPLICANTS WHO ARE UPDATING THEIR MARITAL STATUS, RELIGION, AND CONTACT DETAILS

- 1.4.1a. If you are updating your marital status, religion and/or contact details, please select the first option.

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Allied Health Professions Council

Welcome Ms TESTING (Last successful login: 13/02/2015 02:27:59 PM)

Update Particulars - Selection Form Confirmation Acknowledgement

Click [here](#) for important instructions for updating particulars online.

I wish to update the following particulars:

- ☒ Marital Status, Religion, Patient Contact and Contact details (contact numbers, addresses and preferred mailing address).
- ☐ Identification Type/No., Name, Nationality, Residential Status and Employment details.

Proceed

- 1.4.1a. Proceed to key in the new information. Once done, please scroll to the bottom of the page and click on the "Proceed" button.

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Welcome Ms TESTING (Last successful login: 22/04/2015 10:22:42 AM)

Update Particulars - Selection Form Confirmation Acknowledgement

Particulars of Applicant

Marital Status: Single

Religion: --Select Here--

Patient Contact (For Medical Doctors only): ☒ N.A. ☐ No ☐ Yes

Preferred Email Address: admin@ahpc.gov.sg (17/320)

Alternate Email Address: (0/320)

Home Telephone No.:

Office Telephone No.:

Mobile No.: 98765412

Residential Address In Singapore(As in NRIC)

Postal Code: -

Block/House No.: -

Level - Unit No.: -

Street Name: -

Building Name: -

- 1.4.1a. Clicking on the "Proceed" button will bring you to the "Confirmation" tab. Please verify all
3 the information before scrolling to the bottom of the page to click "Confirm".

The screenshot shows the AHPC portal interface. The header includes the Ministry of Health Singapore logo and the Singapore Government logo. The user is logged in as 'Ms TESTING' with a last successful login of 22/04/2015 10:22:42 AM. The navigation menu on the left includes 'Application', 'Administration', 'Update Particulars', and 'Supervisory'. The main content area has tabs for 'Update Particulars - Selection', 'Form', 'Confirmation' (highlighted with a blue circle), and 'Acknowledgement'. The 'Confirmation' tab displays the 'Particulars of Applicant' form, which includes fields for Marital Status, Religion, Patient Contact, Preferred Email Address, Alternate Email Address, Home Telephone No., Office Telephone No., Mobile No., Residential Address in Singapore (As in NRIC), and Other Address in Singapore. The form is currently empty, and the 'Confirm' button is visible at the bottom.

- 1.4.1a. Successful submission of your new particulars will generate an acknowledgement
4 notification. You will also receive an e-mail from the AHPC informing that your particulars have been updated successfully.

The screenshot shows the AHPC portal interface after a successful update. The user is logged in as 'Ms TESTING' with a last successful login of 13/02/2015 02:27:59 PM. The navigation menu on the left includes 'Application', 'Administration', 'Update Particulars', and 'Supervisory'. The main content area has tabs for 'Update Particulars - Selection', 'Form', 'Confirmation', and 'Acknowledgement' (highlighted with a blue circle). The 'Acknowledgement' tab displays the 'Acknowledgement for Update of Particulars' message, which states: 'Please be informed that the changes to your particulars have been updated successfully to Allied Health Professions Council on 13/02/2015. Kindly note that you are required to update your particulars immediately when there is any change.' The message also includes a link to 'Rate this service' and a 'Print' button.

- 1.4.1a. A record of your application to “Update Particulars” may also be found under your
5 “Enquire Applications”. Successful updates will be indicated as “Approved” under “Application Status”.

The screenshot shows the AHPC website interface. At the top, there is a header with the Ministry of Health Singapore logo and the AHPC name. A navigation bar includes links for 'Contact', 'Feedback', and 'Sitemap'. Below the header, a welcome message for 'Ms TESTING' is displayed. The main content area is titled 'Enquire Applications' and shows a list of 'Applications Submitted'. The table lists two applications: one for 'Registration' (AHPC-20150213-0004-REG) and one for 'Update Particulars' (AHPC-20150213-0005-UP). Both applications are marked as 'Approved'. The 'Update Particulars' application is highlighted with a blue border. The page also includes a sidebar with navigation links for various application types and a footer with pagination controls.

Application No.	Application Type	Date of Submission	Application Status	Remarks
AHPC-20150213-0004-REG	Registration	13/02/2015	Approved	-
AHPC-20150213-0005-UP	Update Particulars	13/02/2015	Approved	-

1.4.1b FOR APPLICANTS WHO ARE UPDATING THEIR IDENTIFICATION TYPE/NO, NAME, NATIONALITY, RESIDENTIAL STATUS AND EMPLOYMENT DETAILS

- 1.4.1b. If you are updating your identification type/no, name, nationality, residential status and/or employment details, please select the second option.

Important: If you are an allied health professional who is under conditional or restricted registration with the AHPC, please note that you are required to seek AHPC's approval at least 1 month in advance for any change of employer, place of practice or type of establishment and/or sector during the period of your registration by e-mail at AHPC@spb.gov.sg. A failure to do so amounts to non-compliance with the conditions and restrictions of your registration. **The option to submit your change of employment place is not available for conditional registrants on the PRS.**

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Update Particulars - Selection Form Confirmation Acknowledgement

Click [here](#) for important instructions for updating particulars online.

I wish to update the following particulars:

- ☐ Marital Status, Religion, Patient Contact and Contact details (contact numbers, addresses and preferred mailing address).
- ☒ Identification Type/No., Name, Nationality, Residential Status and Employment details.

[Proceed](#)

- 1.4.1b. Proceed to key in the new information. Below is an example of how a fully registered allied health professional might key in the change in their employment status. Once done, please scroll to the bottom of the page and click on the "Proceed" button.

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Update Particulars - Form Selection Confirmation Acknowledgement

Current Particulars

- *Activity Status: Working Full-time in Singapore
- Appointment: Occupational Therapist
- *Appointment Effective Date: 13/01/2014
- *Name of Institution/ Organisation: Singapore General Hospital, Outram Road
Outram Road
Singapore 169608
- Nature of Work: Clinical Service
- Department/ Division:
- *Date Joined: 13/01/2014
- Date Left: 12/02/2015

Proposed Employment Details

- *Activity Status: Working Full-time in Singapore
- Appointment: Occupational Therapist
- Appointment Effective Date: 13/02/2015
- Name of Institution/ Organisation: Khoo Teck Puat Hospital, 90, Yishun Central
90, Yishun Central
Khoo Teck Puat Hospital
Singapore 768828
- Nature of Work: Clinical Service
- Department/ Division:
- Date Joined: 13/02/2015
- Date Left:


- 1.4.1b. Clicking on the “Proceed” button will bring you to the “Confirmation” tab. Please verify all the information before scrolling to the bottom of the page to click on the “Confirm” button.

The screenshot displays the AHPC portal interface. The header includes the Ministry of Health Singapore logo and the AHPC name. A navigation bar at the top right contains links for 'Contact', 'Feedback', and 'Sitemap'. Below the header, a welcome message for 'Ms TESTING' is shown. The main content area features a sidebar with navigation links: 'Application', 'Administration', 'Update Particulars', and 'Supervisory'. The 'Update Particulars' section is active, showing a tabbed interface with 'Update Particulars - Selection', 'Form', 'Confirmation' (highlighted with a red circle), and 'Acknowledgement'. The 'Confirmation' tab displays the 'Particulars of Applicant' form, which includes fields for Marital Status, Religion, Patient Contact, Preferred Email Address, Alternate Email Address, Home Telephone No., Office Telephone No., and Mobile No. Below this, there are sections for 'Residential Address in Singapore (As in NRIC)' and 'Other Address in Singapore', each with fields for Postal Code, Block/House No., Level - Unit No., Street Name, and Building Name.

- 1.4.1b. Successful submission of your new particulars will generate an acknowledgement notification. You will be informed of your application number and that the changes to your particulars have been submitted. This information will also be provided to you in the form of an e-mail from the AHPC.

The screenshot displays the AHPC portal interface, showing the 'Acknowledgement' tab for updating particulars. The header and navigation bar are consistent with the previous screenshot. The sidebar navigation links are also present. The 'Update Particulars' section is active, showing a tabbed interface with 'Update Particulars - Selection', 'Form', 'Confirmation', and 'Acknowledgement' (highlighted with a red circle). The 'Acknowledgement' tab displays the 'Acknowledgement for Update of Particulars' form, which includes a message stating: 'Please be informed that the changes to your particulars have been submitted successfully to Allied Health Professions Council on 13/02/2015. Kindly note that you are required to update your particulars immediately when there is any change.' Below this message, a box highlights the application number: 'Your application No. is AHPC-20150213-0007-UP.' At the bottom of the form, there is a link to 'Rate this service' and a 'Print' button.

- 1.4.1b. A record of your application to “Update Particulars” may also be found under your
5 “Enquire Applications.” When you first submit your application to update your identification type/no, name, nationality, residential status and/or employment details, its application status will be reflected as “Application Submitted.”



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Welcome Ms TESTING (Last successful login: 13/02/2015 02:27:59 PM)

Enquire Applications

Applications Submitted

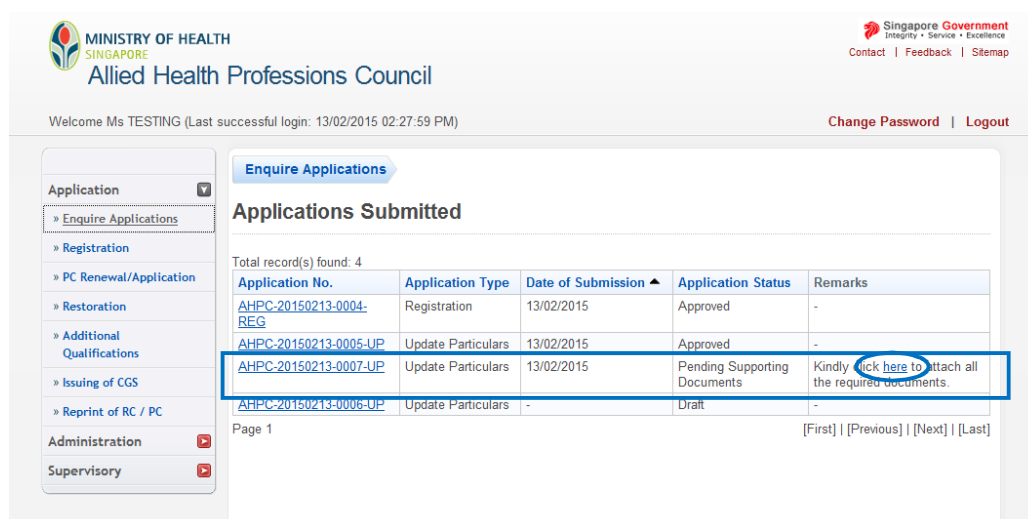
Total record(s) found: 4

Application No.	Application Type	Date of Submission	Application Status	Remarks
AHPC-20150213-0004-REG	Registration	13/02/2015	Approved	-
AHPC-20150213-0005-UP	Update Particulars	13/02/2015	Approved	-
AHPC-20150213-0007-UP	Update Particulars	13/02/2015	Application Submitted	-
AHPC-20150213-0006-UP	Update Particulars	-	Draft	-

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- 1.4.1b. Please check on the status of your application to “Update Particulars” regularly.
6 Depending on the information that you wish to update, the AHPC might require you to provide additional documents in support of your application. In such instance, your application status will indicate “Pending Supporting Documents”.

To see the documents required and upload the documents, please click on the hyperlink in the “Remarks” column.



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Welcome Ms TESTING (Last successful login: 13/02/2015 02:27:59 PM)

Enquire Applications

Applications Submitted

Total record(s) found: 4

Application No.	Application Type	Date of Submission	Application Status	Remarks
AHPC-20150213-0004-REG	Registration	13/02/2015	Approved	-
AHPC-20150213-0005-UP	Update Particulars	13/02/2015	Approved	-
AHPC-20150213-0007-UP	Update Particulars	13/02/2015	Pending Supporting Documents	Kindly click here to attach all the required documents.
AHPC-20150213-0006-UP	Update Particulars	-	Draft	-

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- 1.4.1b. Under “Remarks”, the AHPC will inform you of the necessary documents. Please ensure
7 that you have saved a soft copy of the documents in a known location in your computer.

To begin, **select the “Browse” button to locate the appropriate file on your computer.** Once found, click on the “Attach” button. You would receive the message that your document has been updated successfully. You may upload multiple documents.

When all the required documents have been uploaded, please click “Proceed” to continue.

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Welcome Ms TESTING (Last successful login: 13/02/2015 02:27:59 PM)

Change Password | Logout

Enquire Applications Documents Acknowledgement

Upload Supporting Documents

Note:

- File must be in JPEG(.jpg or .jpeg), PDF (.pdf).
- Each file size must not exceed 1MB

Application No.: AHPC-20150213-0007-UP

REMARKS
Please submit your employment offer from KIPH.

Additional Documents

Document Title --Select Here--

File Browse... Attach

Documents Attached
No document attached.

Proceed

- 1.4.1b. You will receive an acknowledgement notifying you that your additional documents have
8 been submitted successfully.

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Welcome Ms TESTING (Last successful login: 13/02/2015 02:27:59 PM)

Change Password | Logout

Enquire Applications Documents Acknowledgement

Acknowledgement for Upload of Additional Documents

Please be informed that the additional documents have been submitted successfully to Allied Health Professions Council on 13/02/2015. Please print / save a copy of this acknowledgement for your reference.

Your application no. is AHPC-20150213-0007-UP.


You may check the status of your application online using the same User ID and password. For any query, please email to stg_admin@ahpc.gov.sg and quote the above application no.


[Rate this service](#)

Print

- 1.4.1b. The status of your application to update particulars will be updated to “Pending Processing” under “Enquire Applications”.

Please allow the AHPC five working days to process your application.

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Application

» [Enquire Applications](#)

» [Registration](#)

» [PC Renewal/Application](#)

» [Restoration](#)

» [Additional Qualifications](#)

» [Issuing of CGS](#)

» [Reprint of RC / PC](#)

Administration

Supervisory

[Enquire Applications](#)

Applications Submitted

Total record(s) found: 4

Application No.	Application Type	Date of Submission	Application Status	Remarks
AHPC-20150213-0004-REG	Registration	13/02/2015	Approved	-
AHPC-20150213-0005-UP	Update Particulars	13/02/2015	Approved	-
AHPC-20150213-0007-UP	Update Particulars	13/02/2015	Pending Processing	-
AHPC-20150213-0006-UP	Update Particulars	-	Draft	-

Page 1

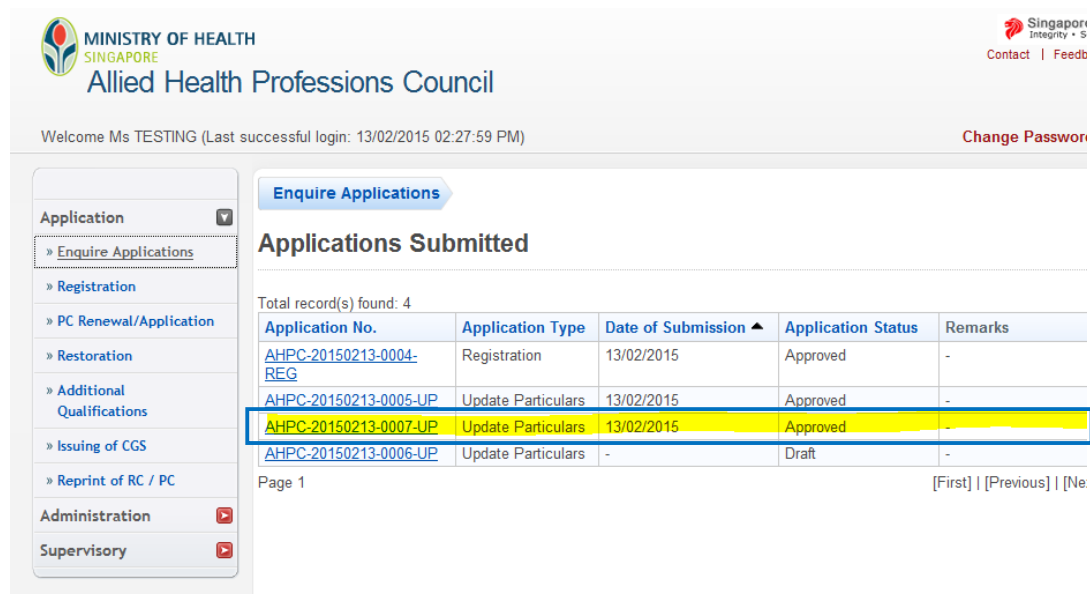
[First] | [Previous] | [Next] | [Last]

1.4.2 POSSIBLE OUTCOMES FOR APPLICATIONS TO UPDATE PARTICULARS - IDENTIFICATION TYPE/NO, NAME, NATIONALITY, RESIDENTIAL STATUS AND/OR EMPLOYMENT DETAILS

1.4.2.1 **Approved:** Your application to update your particulars has been approved.

This status will be reflected under your “Enquire Application” tab.

Please check back on the status on your application under “Enquire Application” 5 working days after submission of pending documents.



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Welcome Ms TESTING (Last successful login: 13/02/2015 02:27:59 PM) [Change Password](#)

Enquire Applications

Applications Submitted


Total record(s) found: 4

Application No.	Application Type	Date of Submission ▲	Application Status	Remarks
AHPC-20150213-0004-REG	Registration	13/02/2015	Approved	-
AHPC-20150213-0005-UP	Update Particulars	13/02/2015	Approved	-
AHPC-20150213-0007-UP	Update Particulars	13/02/2015	Approved	-
AHPC-20150213-0006-UP	Update Particulars	-	Draft	-

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1.4.2.2 Rejected: Your application to update your particulars has been rejected.

This status will be reflected under your “Enquire Application” tab. If you have any enquiries about your rejected application, please e-mail AHPC@spb.gov.sg.

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Welcome Ms TESTING (Last successful login: 09/04/2015 10:15:39 AM)

[Change Password](#) | [Logout](#)

Application ▼

- » **Enquire Applications**
- » Registration
- » PC Renewal/Application
- » Restoration
- » Additional Qualifications
- » Issuing of CGS
- » Reprint of RC / PC

Administration ▼

- » Update Particulars

Supervisory ▼

Enquire Applications

Applications Submitted

Total record(s) found: 9

Application No.	Application Type	Date of Submission ▲	Application Status	Remarks
AHPC-20150213-0004-REG	Registration	13/02/2015	Approved	-
AHPC-20150213-0005-UP	Update Particulars	13/02/2015	Approved	-
AHPC-20150213-0007-UP	Update Particulars	13/02/2015	Approved	-
AHPC-20150213-0009-RRC	Reprint of PC and RC	13/02/2015	Approved	-
AHPC-20150213-0011-RPC	Reprint of PC and RC	13/02/2015	Approved	-
AHPC-20150213-0013-RTC	Reprint of PC and RC	13/02/2015	Application Submitted	-
AHPC-20150223-0002-UP	Update Particulars	23/02/2015	Rejected	-
AHPC-20150311-0002-PCR	PC Renewal/Application	11/03/2015	Pending Processing	-
AHPC-20150409-0002-REG	Registration	-	Draft	-

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2. RENEWAL OF PRACTICING CERTIFICATE

2.1 BEFORE SUBMITTING AN APPLICATION FOR RENEWAL OF PRACTICING CERTIFICATE

Before submitting your application for a renewal of practicing certificate (PC), note the following important instructions.

Renewal of Practicing Certificate should be made no later than 30 days before the expiration of your current PC. A late application fee of SGD100 shall be charged for late renewals.

IMPORTANT: If you are a Nanyang Polytechnic student who has recently completed your degree conversion programme or a conditionally registered allied health professional, please select only PC renewal for 1 year when submitting your application for renewal of PC.

As the Professional Registration System only accepts payment by credit card or eNETS, please ensure that you have your credit card or eNETS information ready at hand before proceeding to file your application.

The online application may take approximately 10 minutes to complete. The system will log you out if you have been idle for 30 minutes. Unless you have saved your progress, all your inputs will be lost. As such, we recommend that you set aside adequate time to complete your application form.

You will have the option to save your application if you wish to complete it at a later time. Please click on the “Save” button at the bottom of the page to do so. To prevent yourself from losing your work, you should save your application if you have to step away from your keyboard.

2.2. SUBMITTING AN APPLICATION FOR RENEWAL OF PRACTICING CERTIFICATE

- 2.2.1 To begin submitting an application for renewal of practicing certificate (PC), please log into the Professional Registration System.

The screenshot shows the login page of the Allied Health Professions Council. The header includes the Ministry of Health Singapore logo and the Singapore Government logo. The page title is "Allied Health Professions Council". There is a "Login" link in the top right corner. The main content area contains instructions for authorized users, including a note about browser compatibility (IE8 or Mozilla Firefox 11). It provides login instructions for Healthcare Professionals (via SingPass or User ID and password) and HR Personnel (via User ID and password, or by downloading a form). A login form is present with fields for "User ID ?" and "Password", and buttons for "Login" and "Reset Password". The form is circled in blue. Below the form, it says "Alternatively, you can login using SingPass".

- 2.2.2 On the column to the left of the screen, click on "Application" and then select "PC Renewal/ Application".

The screenshot shows the PRS dashboard after login. The header includes the Ministry of Health Singapore logo and the Singapore Government logo. The page title is "Allied Health Professions Council". The dashboard shows a "Welcome" message and a "Last successful login" timestamp. On the left side, there is a navigation menu with the following items: "Application", "Enquire Applications", "Registration", "PC Renewal/Application", "Restoration", "Additional Qualifications", "Issuing of CGS", "Reprint of RC / PC", "Administration", and "Supervisory". The "Application" and "PC Renewal/Application" items are circled in blue. The main content area displays "Welcome to PRS".

2.2.3 You will be brought to the “Update Particulars” tab.

Towards the top of the page, you will see a hyperlink that will provide you with some important instructions when applying for PC renewal online. Please take the opportunity to click on it and read through the instructions.

The screenshot shows the AHP Council's online portal. At the top, the Ministry of Health Singapore logo and the Council's name are displayed. A welcome message for 'Ms TEST2' is visible. The navigation bar includes links for 'Change Password' and 'Logout'. The left sidebar contains a menu with options like 'Enquire Applications', 'Registration', 'PC Renewal/Application', 'Restoration', 'Additional Qualifications', 'Issuing of CGS', 'Reprint of RC / PC', 'Administration', and 'Supervisory'. The main content area is titled 'PC Renewal/Application - Update Particulars' and includes tabs for 'Form', 'Declarations', 'Confirmation', 'Payment', and 'Acknowledgement'. A blue box highlights a link to 'Click here for important Instructions for applying renewal online.' Below this, the 'PC Renewal/Application Details' section shows the current PC type as 'Full-fee (1 year)'. The 'Personal Particulars' section displays the user's information: Identification Type (Passport), Identification No. (98765), Full Name (TEST2), Salutation (Ms), Surname (test2), Preferred Order of Name (-), and Name in Chinese Character (-).

MINISTRY OF HEALTH
SINGAPORE
Allied Health Professions Council

Welcome Ms TEST2 (Last successful login: 22/04/2015 10:36:24 AM)

Change Password | Logout

PC Renewal/Application - Update Particulars | Form | Declarations | Confirmation | Payment | Acknowledgement

PC Renewal/Application

Click [here](#) for important Instructions for applying renewal online.

PC Renewal/Application Details

Current PC Type	Full-fee (1 year)
-----------------	-------------------

Personal Particulars

Identification Type	Passport
Identification No.	98765
Full Name as shown in NRIC/FIN/Passport	TEST2
Salutation	Ms
Surname / Family Name	test2
Preferred Order of Name	-
Name in Chinese Character	-

2.2.4 After going through the instructions, return to the main “PC Renewal/ Application – Update Particulars” page.

Please scroll down to see the listing of your personal particulars. Verify all your data and complete the declaration at the bottom of the page accordingly. If “No” is selected, you will be directed to “Update Particulars” (for more information on how to update particulars, refer to section 1 of this guide).

It is important to note that you must inform the AHPC when there are changes to your personal particulars. This will allow the AHPC to keep you notified of any new registration information and maintain the online register.

If your information is true and accurate, select “Yes” and then click on the “Proceed” button at the bottom of the page.

The screenshot shows the AHPC portal interface. On the left is a navigation menu with options like 'Enquire Applications', 'Registration', 'PC Renewal/Application', 'Restoration', 'Additional Qualifications', 'Issuing of CGS', 'Reprint of RC / PC', 'Administration', and 'Supervisory'. The main content area is divided into two sections: 'Personal Particulars' and 'Current (Singapore) Employment Details'. The 'Personal Particulars' section includes fields for email addresses, telephone numbers, and various addresses. The 'Current (Singapore) Employment Details' section includes fields for activity status, appointment, institution name, nature of work, department, date joined, and date left. At the bottom, there is a declaration statement: 'I declare that all the above information is true and correct.' with radio buttons for 'No' and 'Yes'. The 'Yes' button is selected. Below the declaration is a 'Proceed' button, which is circled in blue.

MINISTRY OF HEALTH SINGAPORE Allied Health Professions Council	
Welcome Ms TEST2 (Last successful login: 22/04/2015 10:36:24 AM)	
Change Password Logout	
Application	Preferred Email Address @ahpc.gov.sg
» Enquire Applications	Alternate Email Address -
» Registration	Home Telephone No. -
» PC Renewal/Application	Office Telephone No. +65 63552396
» Restoration	Mobile No. -
» Additional Qualifications	Residential Address In Singapore(As in NRIC) -
» Issuing of CGS	Other Address In Singapore -
» Reprint of RC / PC	Foreign Address -
Administration	Preferred mailing address Principal Practice Place Address
Supervisory	Patient Contact (For Medical Doctors only) -
Current (Singapore) Employment Details	
Activity Status	Working Full-time in Singapore
Appointment	Occupational Therapist
Name of Institution / Organisation	Khoo Teck Puat Hospital 90 Yishun Central Khoo Teck Puat Hospital Singapore 768828
Nature of Work	Clinical Service
Department / Division	-
Date Joined	25/02/2015
Date Left	-
*I declare that all the above information is true and correct: <input checked="" type="radio"/> No <input type="radio"/> Yes	
Proceed	

2.2.5 Clicking on the "Proceed" button will bring you to the "Form" tab.

Please fill in the mandatory fields which have been marked with an asterisk (*).

Under the field, "PC Type", fully registered allied health practitioners may wish to note that selecting "Full-fee (2 years)" will allow you to save SGD20 of the **PC Application fee**.

If you are a conditionally registered registrant, please select only PC renewal for 1 year when submitting your application for renewal of PC.

Under the field "Send PC by", please select "Registered Mail."

Once you have filled in the form, please scroll to the bottom of the page and click on the "Proceed" button. You will be brought to the "Declarations" tab.

The screenshot shows the "Form" tab of the "PC Renewal/Application" section. The page header includes the Ministry of Health Singapore logo and the Singapore Government logo. The user is logged in as "Ms TEST2". The left sidebar contains a menu with options like "Enquire Applications", "Registration", "PC Renewal/Application", "Restoration", "Additional Qualifications", "Issuing of CGS", "Reprint of RC / PC", "Administration", and "Supervisory". The main content area is titled "PC Renewal/Application" and contains a "PC Renewal/Application Details" section. This section includes a "PC Type" field with radio buttons for "Full-fee (1 year)" and "Full-fee (2 years)". Below this is a table with columns: "S/N", "Practising Certificate", "Expiry Date", "Payment Due Date", and "Renew?". The table has one row with "1", "Physiotherapist", "15/07/2015", "14/06/2015", and a checked "Renew?" checkbox. Below the table is a "Send PC by" field with radio buttons for "Normal Mail", "Registered Mail", and "Self-Collection". A "Note" section at the bottom states: "File must be in JPEG(.jpg or .jpeg), PDF (.pdf). Each file size must not exceed 1MB".

2.2.6 All fields are mandatory in the "Declarations" section. Please answer all questions.

Once completed, scroll to the bottom of the page and click on the "Proceed" button to continue to the "Confirmation" tab.

The screenshot shows the "Declarations" tab of the "PC Renewal/Application" section. The page header is the same as the previous screenshot. The left sidebar is also the same. The main content area is titled "PC Renewal/Application" and contains a "Declarations by Applicant" section. This section includes a note: "All fields are mandatory." and a list of five questions for the applicant to answer. The questions are: 1. Have you ever suffered or are you suffering from any physical or mental illness which may: (a) impair your ability to practise as an allied health practitioner, or (b) require conditions and/or restrictions being imposed on your registration? 2. Have you ever consulted a psychiatrist or are you currently undergoing psychiatric treatment? 3. Are you currently or have you ever been the subject of an inquiry or proceedings by a professional body, health authority or court of law in Singapore or elsewhere, involving or relating to any physical or mental illness suffered by you? 4. Are you currently or have you ever been the subject of an inquiry or an investigation by any professional body, licensing authority, health authority or the police, in Singapore or elsewhere, the subject matter of which may form the basis of professional misconduct or any improper conduct which may bring disrepute to the profession in which you are registered? 5. Have you, at any time before the submission of this application, ever been convicted in a court of law in Singapore or elsewhere of any offence? Each question has "No" and "Yes" radio button options. At the bottom of the section is a declaration statement: "I declare that the particulars stated in this application and the documents attached are true and authentic, and the information contained herein remains unchanged to date. To the best of my knowledge and belief, I have not withheld any material fact."

2.2.7 If you answered “Yes” to any of the questions in the “Declarations” tab, please provide full details in a separate document and attach it under the “Mandatory Documents” section in the “Form” tab.

You may access the “Form” tab by clicking on it. Please name the file clearly (e.g. “Declaration - Qn 1” etc.)

Once completed, click on the “Proceed” button to continue to the “Declaration” tab. Click on the “Proceed” button at the bottom of the screen of the “Declaration” tab to move on to the “Confirmation” tab.

MINISTRY OF HEALTH SINGAPORE
Allied Health Professions Council

Welcome Ms TESTING (Last successful login: 22/04/2015 11:56:41 AM) [Change Password](#) | [Logout](#)

Application ▾

- » [Enquire Applications](#)
- » [Registration](#)
- » [PC Renewal/Application](#)
- » [Restoration](#)
- » [Additional Qualifications](#)
- » [Issuing of CGS](#)
- » [Reprint of RC / PC](#)

Administration ▶

Supervisory ▶

***PC Type** ☐ Full-fee (1 year) ☒ Full-fee (2 years)

S/N	Practising Certificate	Expiry Date	Payment Due Date	*Renew?
1	Occupational Therapist	20/02/2015	20/02/2015	<input checked="" type="checkbox"/>

***Send PC by** ☐ Normal Mail ☒ Registered Mail ☐ Self-Collection

Note:

- File must be in JPEG(.jpg or .jpeg), PDF (.pdf).
- Each file size must not exceed 1MB

Mandatory Documents

Document Title: Recent Color Photograph against White Background

*File [Browse...](#) [Attach](#)

Additional Documents

Document Title: --Select Here--


File [Browse...](#) [Attach](#)

Documents Attached


Recent Color Photograph against White Background	Replace	Delete
--	-------------------------	------------------------

[Save as Draft](#) [Proceed](#)

- 2.2.8 The “Confirmation” section allows you to review what you had previously keyed in your application for PC renewal. Please check your information carefully to ensure that it is accurate and truthful. Once done, click on the “Confirm” button at the bottom of the page to continue.

**MINISTRY OF HEALTH**
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Welcome Ms TEST2 (Last successful login: 22/04/2015 10:36:24 AM)

[Change Password](#) | [Logout](#)

Application

» Enquire Applications

» Registration

» PC Renewal/Application

» Restoration

» Additional Qualifications

» Issuing of CGS

» Reprint of RC / PC

Administration

Supervisory

PC Renewal/Application - Update ParticularsFormDeclarations**Confirmation**PaymentAcknowledgement

PC Renewal/Application

PC Renewal/Application Details

*PC TypeFull-fee (2 years)

*Send PC byRegistered Mail

S/N	Practising Certificate	Current Expiry Date	Payment Due Date
1	Physiotherapist	15/07/2015	14/06/2015

Documents Attached

[Recent Color Photograph against White Background](#)

Declarations by Applicant

1Have you ever suffered or are you suffering from any physical or mental illness which may:
(a) impair your ability to practise as an allied health practitioner; or
(b) require conditions and/or restrictions being imposed on your registration?
No
-

2Have you ever consulted a psychiatrist or are you currently undergoing psychiatric treatment?
No
-

23

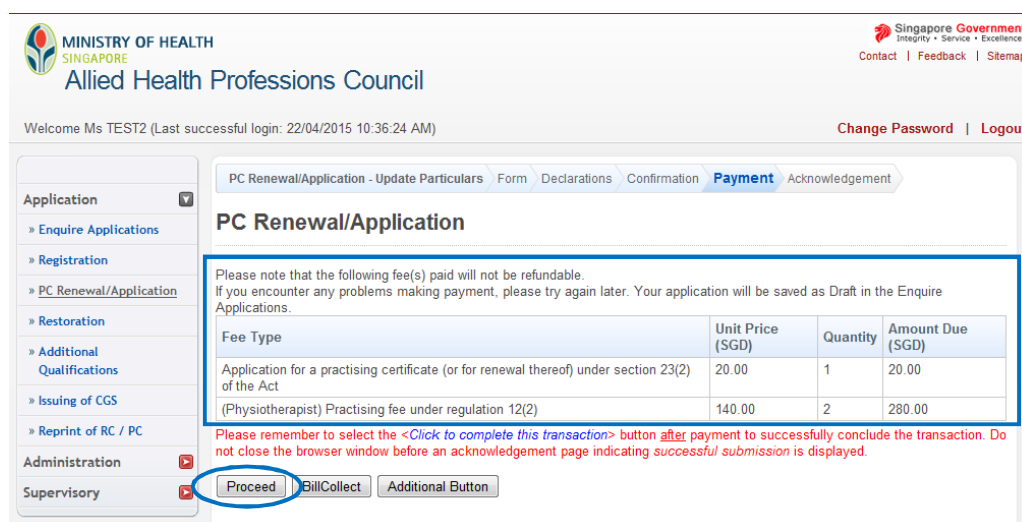
Allied Health Professions Council | PRS Manual for Existing Registered AHPs

2.2.9 For "Payment," please confirm with your employer if they will be making payment for your PC renewal on your behalf. Your employer will have to inform the AHPC that payment will be made on their end **before** you put in the online application. **Please note that if your employer is paying for your practising certificate renewal fee directly to the AHPC, you should not be able to access the "Payment" tab.**

If you have to make your own payment, or pay in the first instance and claim from your employer subsequently, please have your eNETS or credit card ready. The AHPC only accepts payments by eNETS and credit card.

Click on "Proceed" to continue. You will be directed to a different site with instructions on how to submit your payment.

Once you have completed the payment process, you will be directed to the "Acknowledgement" tab.



MINISTRY OF HEALTH
SINGAPORE
Allied Health Professions Council

Welcome Ms TEST2 (Last successful login: 22/04/2015 10:36:24 AM)

Change Password | Logout

PC Renewal/Application - Update Particulars Form Declarations Confirmation **Payment** Acknowledgement

PC Renewal/Application

Please note that the following fee(s) paid will not be refundable.
If you encounter any problems making payment, please try again later. Your application will be saved as Draft in the Enquire Applications.

Fee Type	Unit Price (SGD)	Quantity	Amount Due (SGD)
Application for a practising certificate (or for renewal thereof) under section 23(2) of the Act	20.00	1	20.00
(Physiotherapist) Practising fee under regulation 12(2)	140.00	2	280.00

Please remember to select the <Click to complete this transaction> button **after** payment to successfully conclude the transaction. Do not close the browser window before an acknowledgement page indicating **successful submission** is displayed.

Proceed BillCollect Additional Button

2.2.10 Congratulations! You have successfully submitted your application.

The “Acknowledgement” tab provides you with your application number for reference. You may wish to print or save this page. Please note that your receipt will only be generated 5 working days after payment was made.

The screenshot shows the AHPC portal interface. The user is logged in as 'Ms TEST2'. The 'Acknowledgement' tab is selected, displaying the 'PC Renewal/Application' page. The page contains a message stating that the renewal request has been submitted on 22/04/2015. The application number, AHPC-20150422-0005-PCR, is highlighted in a blue box. A 'Print' button is visible at the bottom of the main content area.

MINISTRY OF HEALTH SINGAPORE
Allied Health Professions Council

Welcome Ms TEST2 (Last successful login: 22/04/2015 10:36:24 AM)

Change Password | Logout

PC Renewal/Application - Update Particulars Form Declarations Confirmation Payment **Acknowledgement**

PC Renewal/Application

Please be informed that your renewal request has been submitted to Allied Health Professions Council on 22/04/2015. Please print / save a copy of this acknowledgement for your reference.

Your application no. is:
AHPC-20150422-0005-PCR

You may check the status of your application online using the same User ID and password. For any query, please email to stg_admin@ahpc.gov.sg and quote the above application no.

[Rate this service](#)

2.2.11 To track the the status of your practising certificate renewal application, you may retrieve your application under the “Enquire Application” function. Immediately after the submission of your application, the application status will indicate “Pending Processing.”

Please allow the AHPC a minimum of four weeks to process your application. If you have received any complaints or disciplinary action during your previous years as a registered allied health professional in Singapore or if your application was submitted late, a longer time will be required to process your application.

The screenshot shows the AHPC portal interface. The user is logged in as 'Ms TEST2'. The 'Enquire Applications' tab is selected, displaying the 'Applications Submitted' page. The page shows a table of submitted applications with columns for Application No., Application Type, Date of Submission, Application Status, and Remarks. The application AHPC-20150422-0005-PCR is highlighted in a blue box, showing a status of 'Pending Processing'.

MINISTRY OF HEALTH SINGAPORE
Allied Health Professions Council

Welcome Ms TEST2 (Last successful login: 22/04/2015 10:36:24 AM)

Change Password | Logout

Enquire Applications

Applications Submitted

Total record(s) found: 8

Application No.	Application Type	Date of Submission	Application Status	Remarks
AHPC-20150224-0004-REG	Registration	24/02/2015	Approved	-
AHPC-20150225-0004-REG	Registration	25/02/2015	Approved	-
AHPC-20150225-0007-REG	Registration	25/02/2015	Approved	-
AHPC-20150225-0010-REG	Registration	25/02/2015	Approved	-
AHPC-20150225-0013-REG	Registration	25/02/2015	Pending Processing	-
AHPC-20150422-0002-PCR	PC Renewal/Application	22/04/2015	Rejected	-
AHPC-20150422-0003-PCR	PC Renewal/Application	22/04/2015	Rejected	-
AHPC-20150422-0005-PCR	PC Renewal/Application	22/04/2015	Pending Processing	-

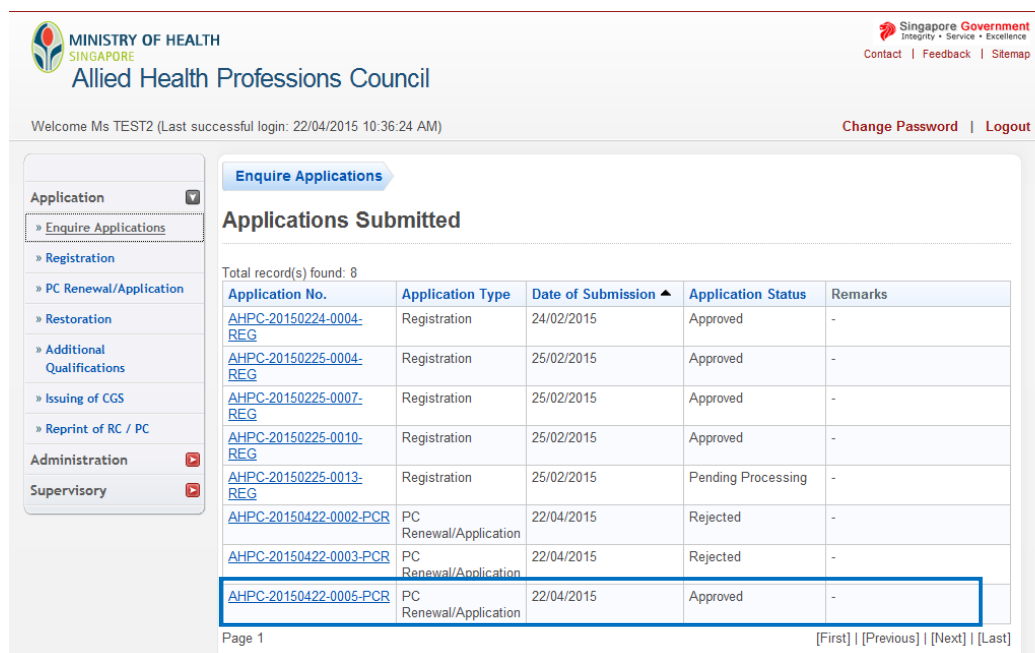
Page 1 [First] | [Previous] | [Next] | [Last]

2.3. POSSIBLE PRACTICING CERTIFICATE RENEWAL APPLICATION OUTCOMES

2.3.1 **Approved:** Your application for PC renewal /application has been approved.

Your application status under “Enquire Applications” will be updated to indicate “Approved.”

Your new PC will be sent to you via registered mail.



MINISTRY OF HEALTH SINGAPORE
Allied Health Professions Council

Welcome Ms TEST2 (Last successful login: 22/04/2015 10:36:24 AM)

Change Password | Logout

Enquire Applications

Applications Submitted

Total record(s) found: 8

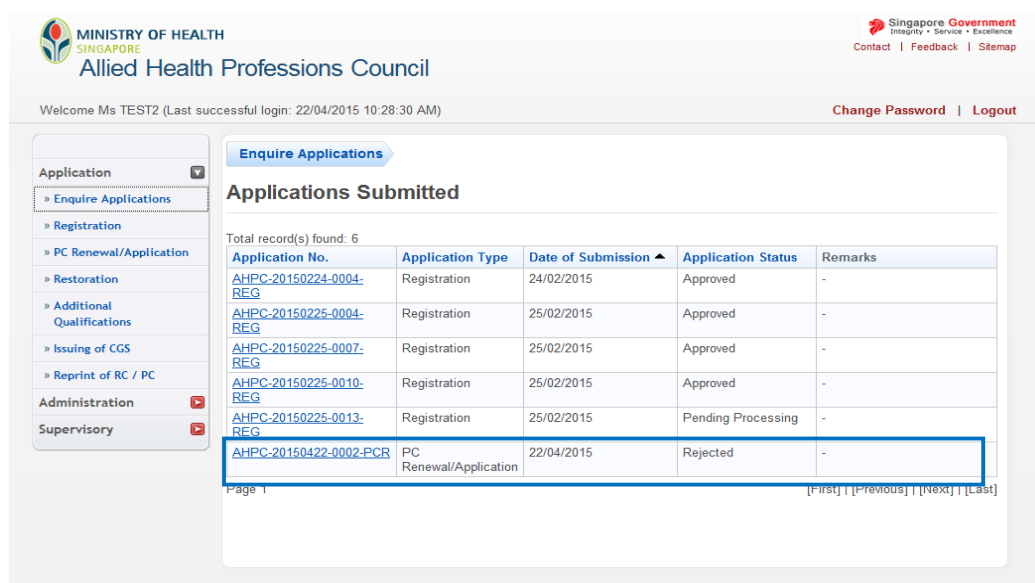
Application No.	Application Type	Date of Submission	Application Status	Remarks
AHPC-20150224-0004-REG	Registration	24/02/2015	Approved	-
AHPC-20150225-0004-REG	Registration	25/02/2015	Approved	-
AHPC-20150225-0007-REG	Registration	25/02/2015	Approved	-
AHPC-20150225-0010-REG	Registration	25/02/2015	Approved	-
AHPC-20150225-0013-REG	Registration	25/02/2015	Pending Processing	-
AHPC-20150422-0002-PCR	PC Renewal/Application	22/04/2015	Rejected	-
AHPC-20150422-0003-PCR	PC Renewal/Application	22/04/2015	Rejected	-
AHPC-20150422-0005-PCR	PC Renewal/Application	22/04/2015	Approved	-

Page 1 [First] | [Previous] | [Next] | [Last]

2.3.2 **Rejected:** Your application for PC renewal/ application has been rejected.

If you have any enquiries about your rejected application, please e-mail

AHPC@spb.gov.sg.



MINISTRY OF HEALTH SINGAPORE
Allied Health Professions Council

Welcome Ms TEST2 (Last successful login: 22/04/2015 10:28:30 AM)

Change Password | Logout

Enquire Applications

Applications Submitted

Total record(s) found: 6

Application No.	Application Type	Date of Submission	Application Status	Remarks
AHPC-20150224-0004-REG	Registration	24/02/2015	Approved	-
AHPC-20150225-0004-REG	Registration	25/02/2015	Approved	-
AHPC-20150225-0007-REG	Registration	25/02/2015	Approved	-
AHPC-20150225-0010-REG	Registration	25/02/2015	Approved	-
AHPC-20150225-0013-REG	Registration	25/02/2015	Pending Processing	-
AHPC-20150422-0002-PCR	PC Renewal/Application	22/04/2015	Rejected	-

Page 1 [First] | [Previous] | [Next] | [Last]

3. REPRINT OF PRACTICING CERTIFICATE (PC) AND REGISTRATION CERTIFICATE (RC)

3.1. SUBMITTING AN APPLICATION FOR REPRINT OF PRACTICING CERTIFICATE (PC) AND REGISTRATION CERTIFICATE (RC)

- 3.1.1 To begin submitting your application for reprint of your PC or RC, please log into the Professional Registration System.

The screenshot shows the login page of the Allied Health Professions Council. The header includes the Ministry of Health Singapore logo and the council's name. A 'Login' link is in the top right. The main content area has instructions for healthcare professionals and HR personnel. A blue oval highlights the login fields: 'User ID ?' and 'Password', with 'Login' and 'Reset Password' buttons below them. At the bottom, it mentions an alternative login via SingPass.

- 3.1.2 On the column to the left of the screen, click on "Application" and then select "Reprint of PC/RC".

The screenshot shows the application page after login. The left sidebar has a blue box around the 'Application' menu, with 'Reprint of RC / PC' highlighted. The main content area is titled 'Reprint of PC and RC' and includes a 'Reprint RC/PC-Form' tab. It contains a 'General Information' section with fields for Registration No, Name, and Registration Type. Below that is the 'Application For Reprint Of RC/PC' section with checkboxes for 'Request for:' and 'Reason for Application'. The 'Reason for Application' dropdown is set to '--Select Here--'. The 'Send Certificate by' dropdown is also set to '--Select Here--'. The 'Additional Documents' section is at the bottom.

3.1.3 You will be brought to the "Reprint of PC and RC" tab.

Towards the top of the page, you will see a hyperlink that will provide you with some important instructions for requesting a reprint of PC and/or RC. Please take the opportunity to click on it and read through the instructions.

The screenshot shows the AHP Council's online portal. The header includes the Ministry of Health Singapore logo and the Singapore Government logo. The user is logged in as 'Ms TESTING' with a last successful login of '13/02/2015 02:31:54 PM'. The main navigation menu on the left lists various services: Application, Registration, PC Renewal/Application, Restoration, Additional Qualifications, Issuing of CGS, Reprint of RC / PC (highlighted), Administration, and Supervisory. The 'Reprint of PC and RC' tab is active, showing a form with the following sections:

- Reprint RC/PC-Form** (Confirmation, Payment, Acknowledgement)
- Reprint of PC and RC**: A blue box contains the text 'Click [here](#) for important Instructions for requesting Reprint of RC/PC'.
- General Information**: A table with fields for Registration No (A1500009D), Name (TESTING), and Registration Type (Occupational Therapist - Full Registration).
- Application For Reprint Of RC/PC**: A section with checkboxes for 'Request for:' including 'Replacement of Original Registration Certificate, for: Occupational Therapist', 'Replacement of Original Practising Certificate, for: Occupational Therapist', and 'Certified True Copy of Registration Certificate, for: Occupational Therapist, no. of copies 1'. It also includes dropdown menus for 'Reason for Application' and 'Send Certificate by'.
- Additional Documents**: A section for uploading documents.

3.2. FILLING IN YOUR APPLICATION FORM FOR REPRINT OF PC AND RC

3.2.1 REPRINT OF REGISTRATION CERTIFICATE

- 3.2.1. If you are requesting for a replacement of your original Registration Certificate, please
a select the "Replacement of Original Registration Certificate" option.

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SINGAPORE
Allied Health Professions Council

Welcome Ms TESTING (Last successful login: 13/02/2015 02:31:54 PM)

Change Password | Logout

Application

- » Enquire Applications
- » Registration
- » PC Renewal/Application
- » Restoration
- » Additional Qualifications
- » Issuing of CGS
- » Reprint of RC / PC

Administration

Supervisory

General Information

Registration No A1500009D
Name TESTING
Registration Type Occupational Therapist - Full Registration

Application For Reprint Of RC/PC

*Request for:

- ☒ Replacement of Original Registration Certificate, for:
 - ☒ Occupational Therapist
- ☐ Replacement of Original Practising Certificate, for:
 - ☐ Occupational Therapist
- ☐ Certified True Copy of Registration Certificate, for:
 - ☐ Occupational Therapist, no. of copies 1

*Reason for Application Lost

*Send Certificate by Self-Collection

Additional Documents

Document --Select Here--
Title
File Browse... Attach

Documents Attached

Statutory Declaration Replace Delete

Save as Draft Proceed

- 3.2.1. You are required to state your "Reasons for Application" and mode for AHPC to send
b the new certificate to you. Please select the most appropriate response under the field "Reason for Application" and select **"Self-Collection"** in the **"Send Certificate by"** field.

MINISTRY OF HEALTH
SINGAPORE
Allied Health Professions Council

Welcome Ms TESTING (Last successful login: 13/02/2015 02:31:54 PM)

Change Password | Logout

Application

- » Enquire Applications
- » Registration
- » PC Renewal/Application
- » Restoration
- » Additional Qualifications
- » Issuing of CGS
- » Reprint of RC / PC

Administration

Supervisory

General Information

Registration No A1500009D
Name TESTING
Registration Type Occupational Therapist - Full Registration

Application For Reprint Of RC/PC

*Request for:

- ☒ Replacement of Original Registration Certificate, for:
 - ☒ Occupational Therapist
- ☐ Replacement of Original Practising Certificate, for:
 - ☐ Occupational Therapist
- ☐ Certified True Copy of Registration Certificate, for:
 - ☐ Occupational Therapist, no. of copies 1

*Reason for Application Lost

*Send Certificate by Self-Collection

Additional Documents

Document --Select Here--
Title
File Browse... Attach

Documents Attached

Statutory Declaration Replace Delete

Save as Draft Proceed

- 3.2.1. Please note that your application for a reprint of RC will need to be accompanied by a
c statutory declaration.

To begin, select the **“Browse”** button to locate the appropriate file on your computer. Once found, click on the **“Attach”** button. You will receive the message that your document has been updated successfully. You may upload multiple documents.

The screenshot shows the Allied Health Professions Council portal. The user is logged in as 'Ms TESTING'. The left sidebar contains navigation links: Application, Enquire Applications, Registration, PC Renewal/Application, Restoration, Additional Qualifications, Issuing of CGS, Reprint of RC / PC, Administration, and Supervisory. The main content area displays the 'Application For Reprint Of RC/PC' form. The 'General Information' section shows Registration No A1500009D, Name TESTING, and Registration Type Occupational Therapist - Full Registration. The 'Application For Reprint Of RC/PC' section has checkboxes for 'Replacement of Original Registration Certificate, for:' (Occupational Therapist) and 'Replacement of Original Practising Certificate, for:' (Occupational Therapist). The 'Reason for Application' is 'Lost' and 'Send Certificate by' is 'Self-Collection'. The 'Additional Documents' section is highlighted with a blue box. It contains a table with columns 'Document Title' and 'File'. The 'Statutory Declaration' document is highlighted with a blue circle. Below the table are buttons for 'Save as Draft' and 'Proceed'.

- 3.2.1. When all the required documents have been uploaded, please click **“Proceed”** to
d continue.

This screenshot is identical to the previous one, showing the same form and navigation. The 'Proceed' button at the bottom of the 'Additional Documents' section is highlighted with a blue circle.

- 3.2.1. The "Confirmation" section allows you to review what you had previously keyed in your application for a replacement registration certificate. Please check the information carefully to ensure that it is accurate and truthful and that your documents have been successfully uploaded.

Once done, click on the "Confirm" button at the bottom of the page to continue to the "Payment" page.

The screenshot shows the 'Reprint of PC and RC' page in the 'Confirmation' tab. The left sidebar contains a menu with 'Reprint of RC / PC' selected. The main content area displays the following information:

- General Information:**
 - Registration No: A1500009D
 - Name: TESTING
 - Registration Type: Occupational Therapist - Full Registration
- Application For Reprint Of RC/PC:**
 - Request for: 1. Replacement of Original Registration Certificate, for: Occupational Therapist
 - Reason for Application: Lost
 - Send Certificate by: Self-Collection
 - Mailing Address: (empty field)
- Documents Attached:**
 - Statutory Declaration (link)

At the bottom of the form, there is a 'Confirm' button circled in blue.

- 3.2.1. For "Payment," Click on the "Proceed" button. You will be directed to a different site with instructions on how to submit your payment.

Once you have completed the payment process, you will be directed to the "Acknowledgement" tab.

The screenshot shows the 'Reprint of PC and RC' page in the 'Payment' tab. The left sidebar contains a menu with 'Reprint of RC / PC' selected. The main content area displays the following information:

- Reprint of PC and RC:**
 - Please note that the following fee(s) paid will not be refundable.
 - If you encounter any problems making payment, please try again later. Your application will be saved as Draft in the Enquire Applications.
- Fee Table:**

Fee Type	Unit Price (SGD)	Quantity	Amount Due (SGD)
Issue of a duplicate practising certificate under regulation 13(2)	50.00	1	50.00
- Instructions:** Please remember to select the <Click to complete this transaction> button after payment to successfully conclude the transaction. Do not close the browser window before an acknowledgement page indicating successful submission is displayed.

At the bottom of the form, there is a 'Proceed' button circled in blue.

3.2.1. g Congratulations! You have successfully submitted your application.

The “Acknowledgement” tab provides you with your application number for reference. You may wish to print or save this page. You will also receive a confirmation email from the AHPC.

The screenshot shows the 'Reprint of PC and RC' page on the AHPC portal. The left sidebar contains a menu with 'Enquire Applications' highlighted. The main content area displays a confirmation message: 'Please be informed that your application request has been submitted to AHPC on 13/02/2015. Please print / save a copy of this acknowledgement for your reference.' Below this, a text box shows the application number: 'Your application number(s) is/are Replacement of Original Registration Certificate: AHPC-20150213-0009-RRC'. A 'Print' button is visible at the bottom of the main content area.

3.2.1. h To track the the status of your application to reprint RC, you may retrieve your application under the “Enquire Application” function. Immediately after the submission of your application, the application status will indicate “Application Submitted”.

Please allow the AHPC a minimum of 2 weeks to process your application.

The screenshot shows the 'Enquire Applications' page on the AHPC portal. The left sidebar contains a menu with 'Enquire Applications' highlighted. The main content area displays a table titled 'Applications Submitted'. The table has columns for Application No., Application Type, Date of Submission, Application Status, and Remarks. The table shows 5 records, with the record for 'AHPC-20150213-0009-RRC' highlighted in yellow, indicating its status as 'Application Submitted'.

Application No.	Application Type	Date of Submission	Application Status	Remarks
AHPC-20150213-0004-REG	Registration	13/02/2015	Approved	-
AHPC-20150213-0005-UP	Update Particulars	13/02/2015	Approved	-
AHPC-20150213-0007-UP	Update Particulars	13/02/2015	Approved	-
AHPC-20150213-0009-RRC	Reprint of PC and RC	13/02/2015	Application Submitted	-
AHPC-20150213-0006-UP	Update Particulars	-	Draft	-

3.2.2 REPRINT OF PRACTICING CERTIFICATE

- 3.2.2. a If you are requesting for a replacement of your original Practicing Certificate, please select the “Replacement of Original Practicing Certificate” option.

MINISTRY OF HEALTH SINGAPORE
Allied Health Professions Council

Welcome Ms TESTING (Last successful login: 13/02/2015 02:31:54 PM) [Change Password](#) | [Logout](#)

All fields marked with asterisk (*) are mandatory

Application [v]
» Enquire Applications
» Registration
» PC Renewal/Application
» Restoration
» Additional Qualifications
» Issuing of CGS
» Reprint of RC / PC
Administration [v]
Supervisory [v]

General Information
Registration No: A1500009D
Name: TESTING
Registration Type: Occupational Therapist - Full Registration

Application For Reprint Of RC/PC
*Request for:
☐ Replacement of Original Registration Certificate, for:
☐ Occupational Therapist
☒ Replacement of Original Practising Certificate, for:
☒ Occupational Therapist
☐ Certified True Copy of Registration Certificate, for:
☐ Occupational Therapist, no. of copies: 1
*Reason for Application: Damaged
*Send Certificate by: Self-Collection

Additional Documents
Document: --Select Here--
Title:
File: [Browse...](#) [Attach](#)

Documents Attached
[Statutory Declaration](#) [Replace](#) [Delete](#)

- 3.2.2. b You are required to state the “Reasons for Application” and mode for AHPC to send the new certificate to you. Please select the most appropriate response under the field “Reason for Application” and select “Registered Mail” in the “Send Certificate by” field.

MINISTRY OF HEALTH SINGAPORE
Allied Health Professions Council

Welcome Ms TESTING (Last successful login: 13/02/2015 02:31:54 PM) [Change Password](#) | [Logout](#)

All fields marked with asterisk (*) are mandatory

Application [v]
» Enquire Applications
» Registration
» PC Renewal/Application
» Restoration
» Additional Qualifications
» Issuing of CGS
» Reprint of RC / PC
Administration [v]
Supervisory [v]

General Information
Registration No: A1500009D
Name: TESTING
Registration Type: Occupational Therapist - Full Registration

Application For Reprint Of RC/PC
*Request for:
☐ Replacement of Original Registration Certificate, for:
☐ Occupational Therapist
☒ Replacement of Original Practising Certificate, for:
☒ Occupational Therapist
☐ Certified True Copy of Registration Certificate, for:
☐ Occupational Therapist, no. of copies: 1
*Reason for Application: Damaged
*Send Certificate by: Self-Collection

Additional Documents
Document: --Select Here--
Title:
File: [Browse...](#) [Attach](#)

Documents Attached
[Statutory Declaration](#) [Replace](#) [Delete](#)

- 3.2.2. Please note that your application for a reprint of PC will need to be accompanied by a
c statutory declaration.

To begin, select the **“Browse”** button to locate the appropriate file on your computer. Once found, click on the **“Attach”** button. You will receive the message that your document has been updated successfully. You may upload multiple documents.

The screenshot shows the 'Allied Health Professions Council' portal. The user is logged in as 'Ms TESTING'. The left sidebar contains a menu with 'Application' selected. The main content area is titled 'Application For Reprint Of RC/PC'. It includes sections for 'General Information' (Registration No: A1500009D, Name: TESTING, Registration Type: Occupational Therapist - Full Registration) and 'Request for:' (Replacement of Original Practising Certificate, for: Occupational Therapist). The 'Additional Documents' section is highlighted with a blue box, showing a table with one document titled 'Statutory Declaration' (highlighted with a red circle). Below this table are 'Replace' and 'Delete' buttons.

- 3.2.2. When all the required documents have been uploaded, please click **“Proceed”** to
d continue.

The screenshot shows the 'Allied Health Professions Council' portal. The user is logged in as 'Ms TEST2'. The left sidebar contains a menu with 'Application' selected. The main content area is titled 'Reprint of PC and RC'. It includes sections for 'General Information' (Registration No: A1500011F, Name: TEST2, Registration Type: Physiotherapist - Conditional Registration) and 'Request for:' (Replacement of Original Practising Certificate, for: Physiotherapist). The 'Additional Documents' section is highlighted with a blue box, showing a table with one document titled 'Statutory Declaration'. Below this table are 'Replace' and 'Delete' buttons. At the bottom of the form, the 'Proceed' button is highlighted with a red circle.

- 3.2.2. The "Confirmation" section allows you to review what you had previously keyed in
e your application for replacement practicing certificate. Please check your information carefully to ensure that it is accurate and truthful and that your documents have been successfully uploaded.

Once done, click on the "Confirm" button at the bottom of the page to continue to the "Payment" page.

MINISTRY OF HEALTH SINGAPORE
Allied Health Professions Council

Welcome Ms TEST2 (Last successful login: 12/05/2015 12:03:54 PM) [Change Password](#) | [Logout](#)

Reprint RC/PC-Form **Confirmation** Payment Acknowledgement

Reprint of PC and RC

General Information

Registration No	A1500011F
Name	TEST2
Registration Type	Physiotherapist - Conditional Registration

Application For Reprint Of RC/PC

Request for:
1. Replacement of Original Practising Certificate, for: Physiotherapist

Reason for Application	Lost
Send Certificate by	Self-Collection
Mailing Address	

Documents Attached

[Statutory Declaration](#)

Confirm

- 3.2.2. For "Payment," Click on the "Proceed" button. You will be directed to a different site
f with instructions on how to submit your payment.

Once you have completed the payment process, you will be directed to the "Acknowledgement" tab.

MINISTRY OF HEALTH SINGAPORE
Allied Health Professions Council

Welcome Ms TEST2 (Last successful login: 12/05/2015 11:45:22 AM) [Change Password](#) | [Logout](#)

Reprint RC/PC-Form Confirmation **Payment** Acknowledgement

Reprint of PC and RC

Please note that the following fee(s) paid will not be refundable.
If you encounter any problems making payment, please try again later. Your application will be saved as Draft in the Enquire Applications.

Fee Type	Unit Price (SGD)	Quantity	Amount Due (SGD)
Issue of a duplicate practising certificate under regulation 13(2)	50.00	1	50.00

Please remember to select the [Click to complete this transaction](#) button **after** payment to successfully conclude the transaction. Do not close the browser window before an acknowledgement page indicating successful submission is displayed.

Proceed **Full Collect** Additional Button

3.2.2.9 Congratulations! You have successfully submitted your application.

The “Acknowledgement” tab provides you with your application number for reference. You may wish to print or save this page. You will also receive a confirmation email from the AHPC.

The screenshot shows the 'Reprint of PC and RC' page on the AHPC portal. The left sidebar contains a menu with 'Application' selected, showing sub-items like 'Enquire Applications', 'Registration', 'PC Renewal/Application', 'Restoration', 'Additional Qualifications', 'Issuing of CGS', 'Reprint of RC / PC', 'Administration', and 'Supervisory'. The main content area has a header 'Reprint of PC and RC' and a message: 'Please be informed that your application request has been submitted to AHPC on 13/02/2015. Please print / save a copy of this acknowledgement for your reference.' Below this, a text box displays 'Your application number(s) is/are' followed by 'Replacement of Original Practising Certificate: AHPC-20150213-0011-RPC'. A 'Print' button is visible at the bottom of the main content area.

3.2.2.10 To track the the status of your application to reprint RC, you may retrieve your application under the “Enquire Application” function. Immediately after the submission of your application, the application status will indicate “Application Submitted”.

Please allow the AHPC a minimum of 2 weeks to process your application.

The screenshot shows the 'Enquire Applications' page on the AHPC portal. The left sidebar has 'Enquire Applications' selected. The main content area has a header 'Enquire Applications' and a sub-header 'Applications Submitted'. Below this, a table displays the status of submitted applications. The table has columns: 'Application No.', 'Application Type', 'Date of Submission', 'Application Status', and 'Remarks'. The table shows 5 records. The record for 'AHPC-20150213-0009-RRC' is highlighted in yellow, showing 'Reprint of PC and RC' as the application type, '13/02/2015' as the date of submission, and 'Application Submitted' as the status. The record for 'AHPC-20150213-0006-UP' is also highlighted, showing 'Update Particulars' as the application type and 'Draft' as the status. The table is paginated, showing 'Page 1' and navigation links: '[First] | [Previous] | [Next] | [Last]'.

Application No.	Application Type	Date of Submission	Application Status	Remarks
AHPC-20150213-0004-REG	Registration	13/02/2015	Approved	-
AHPC-20150213-0005-UP	Update Particulars	13/02/2015	Approved	-
AHPC-20150213-0007-UP	Update Particulars	13/02/2015	Approved	-
AHPC-20150213-0009-RRC	Reprint of PC and RC	13/02/2015	Application Submitted	-
AHPC-20150213-0006-UP	Update Particulars	-	Draft	-

3.2.3 CERTIFIED TRUE COPY OF REGISTRATION CERTIFICATE

- 3.2.3. a If you are requesting for a certified true copy of your original Registration Certificate, please select the “Certified True Copy of Registration Certificate” option.

MINISTRY OF HEALTH
SINGAPORE
Allied Health Professions Council

Welcome Ms TESTING (Last successful login: 13/02/2015 02:31:54 PM) [Change Password](#) | [Logout](#)

Application

- » Enquire Applications
- » Registration
- » PC Renewal/Application
- » Restoration
- » Additional Qualifications
- » Issuing of CGS
- » Reprint of RC / PC

Administration

Supervisory

General Information

Registration No	A1500009D
Name	TESTING
Registration Type	Occupational Therapist - Full Registration

Application For Reprint Of RC/PC

*Request for:

- ☐ Replacement of Original Registration Certificate, for:
 - ☐ Occupational Therapist
- ☐ Replacement of Original Practising Certificate, for:
 - ☐ Occupational Therapist
- ☒ Certified True Copy of Registration Certificate, for:
 - ☒ Occupational Therapist, no. of copies **1**

*Reason for Application: Others

Additional Remarks: required for registration with SAOT (35/500)

*Send Certificate by: Self-Collection

Additional Documents

Document: --Select Here--

Title:

File: [Browse...](#) [Attach](#)

Documents Attached

No document attached.

- 3.2.3. b You are required to state your “Reasons for Application” and mode for AHPC to send the new certificate to you. Please select the most appropriate response under the field “Reason for Application” and “Send Certificate by”.

When you have finished filling in these fields, scroll to the bottom of the page and click “Proceed” to continue to “Confirmation” tab.

MINISTRY OF HEALTH
SINGAPORE
Allied Health Professions Council

Welcome Ms TESTING (Last successful login: 13/02/2015 02:31:54 PM) [Change Password](#) | [Logout](#)

Application

- » Enquire Applications
- » Registration
- » PC Renewal/Application
- » Restoration
- » Additional Qualifications
- » Issuing of CGS
- » Reprint of RC / PC

Administration

Supervisory

General Information

Registration No	A1500009D
Name	TESTING
Registration Type	Occupational Therapist - Full Registration

Application For Reprint Of RC/PC

*Request for:

- ☐ Replacement of Original Registration Certificate, for:
 - ☐ Occupational Therapist
- ☐ Replacement of Original Practising Certificate, for:
 - ☐ Occupational Therapist
- ☒ Certified True Copy of Registration Certificate, for:
 - ☒ Occupational Therapist, no. of copies **1**

*Reason for Application: Others

Additional Remarks: required for registration with SAOT (35/500)

*Send Certificate by: Self-Collection

Additional Documents

Document: --Select Here--

Title:

File: [Browse...](#) [Attach](#)

Documents Attached

No document attached.

- 3.2.3. The "Confirmation" section allows you to review what you had previously keyed in your application for a certified true copy of your registration certificate. Please check your information carefully to ensure that it is accurate and truthful.

c

Once done, click on the "Confirm" button at the bottom of the page to continue to the "Payment" page.

The screenshot shows the 'Allied Health Professions Council' portal. The user is logged in as 'Ms TESTING'. The 'Confirmation' tab is selected in the top navigation bar. The main content area is titled 'Reprint of PC and RC' and contains a 'General Information' section with fields for Registration No (A1500009D), Name (TESTING), and Registration Type (Occupational Therapist - Full Registration). Below this is the 'Application For Reprint Of RC/PC' section, which includes a 'Request for:' field with the text '1. Certified True Copy of Registration Certificate Occupational Therapist , no. of copies: 1'. The 'Reason for Application' is 'Others required for registration with SAOT', and the 'Send Certificate by' method is 'Self-Collection'. The 'Mailing Address' field is empty. The 'Documents Attached' section shows 'No document attached.' At the bottom of the form, there is a 'Confirm' button circled in blue.

- 3.2.3. For "Payment," Click on the "Proceed" button. You will be directed to a different site with instructions on how to submit your payment.

d

Once you have completed the payment process, you will be directed to the "Acknowledgement" tab.

The screenshot shows the 'Allied Health Professions Council' portal. The user is logged in as 'Ms TESTING'. The 'Payment' tab is selected in the top navigation bar. The main content area is titled 'Reprint of PC and RC' and contains a 'Please note' section with the text 'Please note that the following fee(s) paid will not be refundable. If you encounter any problems making payment, please try again later. Your application will be saved as Draft in the Enquire Applications.' Below this is a table with the following data:

Fee Type	Unit Price (SGD)	Quantity	Amount Due (SGD)
Issue of a certified true copy of certificate of registration under regulation 11	50.00	1	50.00

Below the table, there is a red text warning: 'Please remember to select the <Click to complete this transaction> button after payment to successfully conclude the transaction. Do not close the browser window before an acknowledgement page indicating successful submission is displayed.' At the bottom of the form, there are three buttons: 'Proceed', 'Full Collect', and 'Additional Button'. The 'Proceed' button is circled in blue.

3.2.3. e Congratulations! You have successfully submitted your application.

The “Acknowledgement” tab provides you with your application number for reference. You may wish to print or save this page. You will also receive a confirmation email from the AHPC.

MINISTRY OF HEALTH SINGAPORE
Allied Health Professions Council

Welcome Ms TESTING (Last successful login: 13/02/2015 02:31:54 PM)

Reprint RC/PC-Form Confirmation Payment **Acknowledgement**

Reprint of PC and RC

Please be informed that your application request has been submitted to Allied Health Professions Council on 13/02/2015. Please print / save a copy of this acknowledgement for your reference.

Your application number(s) is/are
Certified True Copy of Registration Certificate: AHPC-20150213-0013-RTC

You may check the status of your application online using the same User ID. and password. For further query, please email to stg_admin@ahpc.gov.sg and quote the above Application No.

[Rate this service](#)

3.2.3. f To track the the status of your application for a certified true copy of your RC, you may retrieve your application under the “Enquire Application” function. Immediately after the submission of your application, the application status will indicate “Application Submitted”.

Please allow the AHPC a minimum of 2 weeks to process your application.

MINISTRY OF HEALTH SINGAPORE
Allied Health Professions Council

Welcome Ms TESTING (Last successful login: 13/02/2015 02:31:54 PM)

Change Password | Logout

Enquire Applications

Applications Submitted

Total record(s) found: 5

Application No.	Application Type	Date of Submission	Application Status	Remarks
AHPC-20150213-0004-REG	Registration	13/02/2015	Approved	-
AHPC-20150213-0005-UP	Update Particulars	13/02/2015	Approved	-
AHPC-20150213-0007-UP	Update Particulars	13/02/2015	Approved	-
AHPC-20150213-0009-RTC	Reprint of PC and RC	13/02/2015	Application Submitted	-
AHPC-20150213-0006-UP	Update Particulars	-	Draft	-

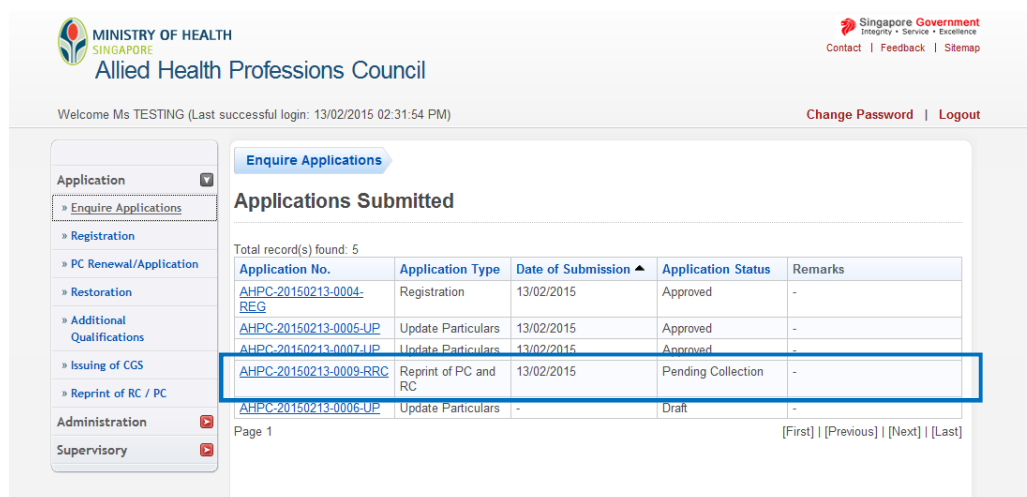
Page 1 [First] | [Previous] | [Next] | [Last]

3.3. POSSIBLE OUTCOMES FOR REPRINT OF RC AND PC

3.3.1 Pending Collection: Your application to reprint RC and PC is pending collection.

Your application status under “Enquire Applications” will be updated to indicate “Pending Collection.”

Depending on your mode of delivery, you may self-collect your RC or PC or it will be mailed to you by registered mail.



MINISTRY OF HEALTH SINGAPORE
Allied Health Professions Council

Welcome Ms TESTING (Last successful login: 13/02/2015 02:31:54 PM)

Change Password | Logout

Enquire Applications

Applications Submitted

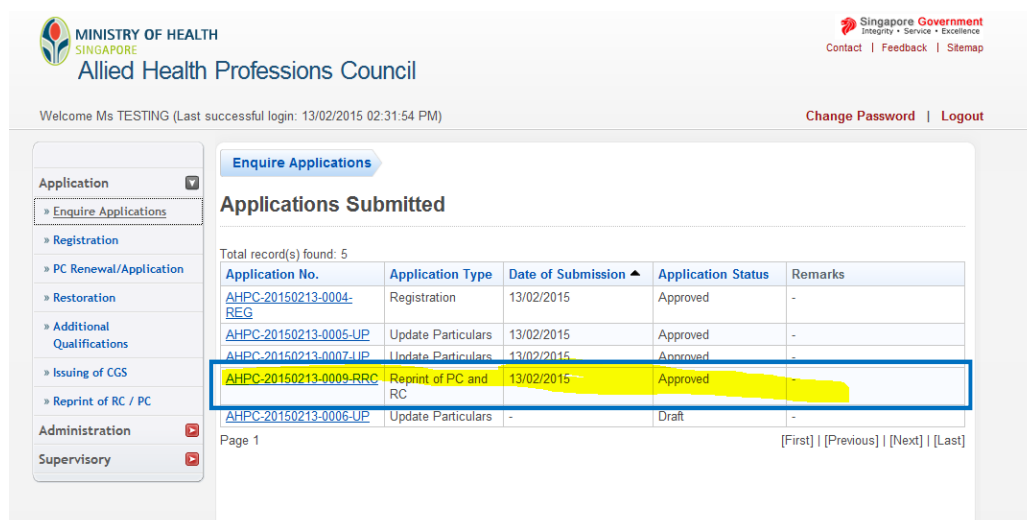
Total record(s) found: 5

Application No.	Application Type	Date of Submission	Application Status	Remarks
AHPC-20150213-0004-REG	Registration	13/02/2015	Approved	-
AHPC-20150213-0005-UP	Update Particulars	13/02/2015	Approved	-
AHPC-20150213-0007-UP	Update Particulars	13/02/2015	Approved	-
AHPC-20150213-0009-RRC	Reprint of PC and RC	13/02/2015	Pending Collection	-
AHPC-20150213-0006-UP	Update Particulars	-	Draft	-

Page 1 [First] | [Previous] | [Next] | [Last]

3.3.2 Approved: Your application to reprint RC and PC has been approved.

This status is updated only after your RC or PC has been collected or has been mailed out to you.



MINISTRY OF HEALTH SINGAPORE
Allied Health Professions Council

Welcome Ms TESTING (Last successful login: 13/02/2015 02:31:54 PM)

Change Password | Logout

Enquire Applications

Applications Submitted

Total record(s) found: 5


Application No.	Application Type	Date of Submission	Application Status	Remarks
AHPC-20150213-0004-REG	Registration	13/02/2015	Approved	-
AHPC-20150213-0005-UP	Update Particulars	13/02/2015	Approved	-
AHPC-20150213-0007-UP	Update Particulars	13/02/2015	Approved	-
AHPC-20150213-0009-RRC	Reprint of PC and RC	13/02/2015	Approved	-
AHPC-20150213-0006-UP	Update Particulars	-	Draft	-

Page 1 [First] | [Previous] | [Next] | [Last]

4. CERTIFICATE OF GOOD STANDING

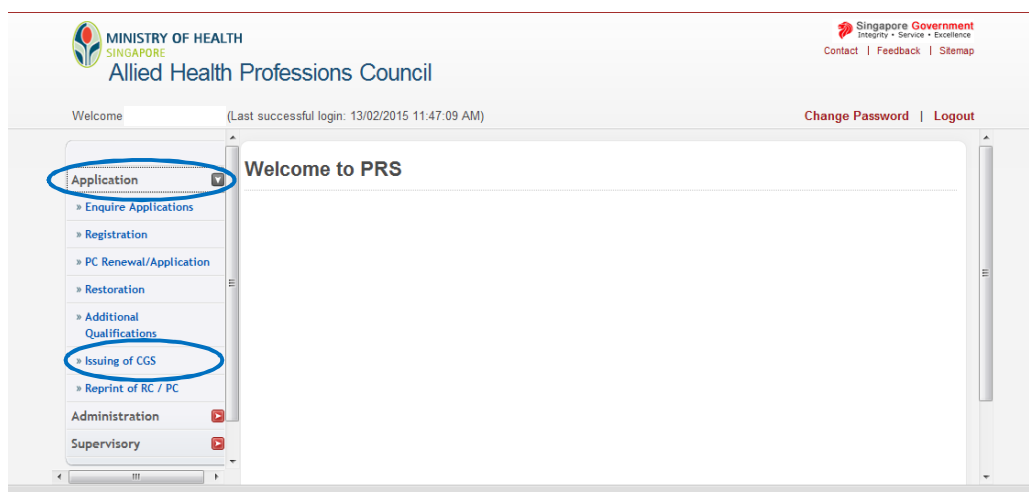
4.1. SUBMITTING AN APPLICATION FOR CERTIFICATE OF GOOD STANDING

- 4.1.1 To begin submitting an application for Certificate of Good Standing (CGS), please log into the Professional Registration System.



The screenshot shows the login page of the Allied Health Professions Council. The header includes the Ministry of Health Singapore logo and the Singapore Government logo. The page title is "Allied Health Professions Council". There is a "Login" link in the top right corner. The main content area contains instructions for authorized users, including healthcare professionals and HR personnel. A blue oval highlights the login fields: "User ID ?" and "Password", along with "Login" and "Reset Password" buttons. Below the fields, it says "Alternatively, you can login using SingPass".

- 4.1.2 On the column to the left of the screen, click on "Application" and then select "Issuing of CGS".



The screenshot shows the PRS dashboard after login. The header includes the Ministry of Health Singapore logo and the Singapore Government logo. The page title is "Allied Health Professions Council". The user is logged in as "Welcome" (Last successful login: 13/02/2015 11:47:09 AM). There are "Change Password" and "Logout" links in the top right corner. The main content area is titled "Welcome to PRS". On the left side, there is a navigation menu with the following items: "Application", "Enquire Applications", "Registration", "PC Renewal/Application", "Restoration", "Additional Qualifications", "Issuing of CGS", "Reprint of RC / PC", "Administration", and "Supervisory". A blue oval highlights the "Application" menu item, and another blue oval highlights the "Issuing of CGS" sub-item.

4.1.3 You will be brought to the “CGS – Form” tab.

Towards the top of the page, you will see a hyperlink that will provide you with some important instructions for applying for a CGS. Please take the opportunity to click on it and read through the instructions.

MINISTRY OF HEALTH
SINGAPORE
Allied Health Professions Council

Welcome Ms TEST2 (Last successful login: 15/05/2015 12:45:27 PM) [Change Password](#) | [Logout](#)

CGS - Form Confirmation Payment Acknowledgement

Application for Certificate of Good Standing (CGS)

Click [here](#) for important instructions for applying Certificate of Good Standing online.

Note: All Fields marked with asterisk (*) are mandatory.

☐ I will require endorsement of additional form(s) from the Requesting Authority. I will be submitting the additional form(s) by
☐ Hand ☐ Mail

Reason for Application

*Reason --Select Here--
Depart to Country --Select Here--
Departure Date dd/mm/yyyy
Return Date dd/mm/yyyy

Details of Requesting Authority

Send By	Person to Address To	Address	Country	Requesting Authority	Action
No Requesting Authority added.					

[Add Requesting Authority](#)

4.1.4 After going through the instructions, return to the main “CGS - Form” page.

There are mandatory fields in this form which are marked by an asterisk (*). Please go through the form carefully and ensure that all these fields are completed correctly. If any of these fields are missed, you will not be able to proceed to the next page of the application.

MINISTRY OF HEALTH
SINGAPORE
Allied Health Professions Council

Welcome Ms TEST2 (Last successful login: 15/05/2015 12:45:27 PM) [Change Password](#) | [Logout](#)

CGS - Form Confirmation Payment Acknowledgement

Application for Certificate of Good Standing (CGS)

Click [here](#) for important instructions for applying Certificate of Good Standing online.

Note: All Fields marked with asterisk (*) are mandatory.

☐ I will require endorsement of additional form(s) from the Requesting Authority. I will be submitting the additional form(s) by
☐ Hand ☐ Mail

Reason for Application

*Reason --Select Here--
Depart to Country --Select Here--
Departure Date dd/mm/yyyy
Return Date dd/mm/yyyy

Details of Requesting Authority

Send By	Person to Address To	Address	Country	Requesting Authority	Action
No Requesting Authority added.					

[Add Requesting Authority](#)

- 4.1.5 Please note that the AHPC does not endorse additional forms. Please leave the checkbox blank.

MINISTRY OF HEALTH
SINGAPORE
Allied Health Professions Council

Welcome Ms TEST2 (Last successful login: 15/05/2015 12:45:27 PM) [Change Password](#) | [Logout](#)

CGS - Form Confirmation Payment Acknowledgement

Application for Certificate of Good Standing (CGS)

Click [here](#) for important instructions for applying Certificate of Good Standing online.

Note: All Fields marked with asterisk (*) are mandatory.

☒ I will require endorsement of additional form(s) from the Requesting Authority. I will be submitting the additional form(s) by
☐ Hand ☒ Mail

Reason for Application

*Reason --Select Here--
Depart to Country --Select Here--

Details of Requesting Authority

Send By	Person to Address To	Address	Country	Requesting Authority	Action
No Requesting Authority added.					

[Add Requesting Authority](#)

- 4.1.6 You will be required to indicate the reason for your application. Please select the most appropriate response from the dropdown box.

MINISTRY OF HEALTH
SINGAPORE
Allied Health Professions Council

Welcome Ms TEST2 (Last successful login: 15/05/2015 12:45:27 PM) [Change Password](#) | [Logout](#)

CGS - Form Confirmation Payment Acknowledgement

Application for Certificate of Good Standing (CGS)

Click [here](#) for important instructions for applying Certificate of Good Standing online.

Note: All Fields marked with asterisk (*) are mandatory.

☐ I will require endorsement of additional form(s) from the Requesting Authority. I will be submitting the additional form(s) by
☐ Hand ☒ Mail

Reason for Application

*Reason --Select Here--
Depart to Country --Select Here--
Departure Date dd/mm/yyyy
Return Date dd/mm/yyyy

Details of Requesting Authority

Send By	Person to Address To	Address	Country	Requesting Authority	Action
No Requesting Authority added.					

[Add Requesting Authority](#)

- 4.1.7 You will have to provide more information on the organisation requesting for the CGS. Click on the “Add Requesting Authority” button to activate a pop up window.

MINISTRY OF HEALTH
SINGAPORE
Allied Health Professions Council

Welcome Ms TEST2 (Last successful login: 15/05/2015 12:45:27 PM)

Change Password | Logout

CGS - Form | Confirmation | Payment | Acknowledgement

Application for Certificate of Good Standing (CGS)

Click [here](#) for important instructions for applying Certificate of Good Standing online.

Note: All Fields marked with asterisk (*) are mandatory.

☐ I will require endorsement of additional form(s) from the Requesting Authority. I will be submitting the additional form(s) by
☐ Hand ☐ Mail

Reason for Application

*Reason: --Select Here--
Depart to Country: --Select Here--
Departure Date: dd/mm/yyyy
Return Date: dd/mm/yyyy

Details of Requesting Authority

Send By	Person to Address To	Address	Country	Requesting Authority	Action
No Requesting Authority added.					

[Add Requesting Authority](#)

- 4.1.8 Please fill in the particulars of the requesting authority in this window.

In the “Send By” field, please choose “Registered Mail only”.

Your CGS will be mailed out to the receiving party’s address as provided in this window. As such, please ensure that the correct address and contact person are provided. **You are responsible for providing the correct information.** If the wrong address is provided, you will have to submit another application and incur fresh application fees if the AHPC has already mailed out the document.

Click on the “Save” button once you have filled up the necessary information.

Details of Requesting Authority

*Send By: --Select Here--

Name of Requesting Authority: (0/255)

Person to Address To: (0/150)

Address Line 1:

Address Line 2:

Address Line 3:

Address Line 4:

Country: --Select Here--

[Save](#) [Cancel](#)

- 4.1.9 The pop-up window will close and your inputs will be updated onto the main form. If you have made any errors, please select the “Registered Mail” hyperlink to activate the pop up and make the necessary changes. If you wish to delete the entry, select the “Delete” action to the right of the table.

MINISTRY OF HEALTH SINGAPORE Allied Health Professions Council

Welcome Ms TEST2 (Last successful login: 15/05/2015 12:45:27 PM) [Change Password](#) | [Logout](#)

Click [here](#) for important instructions for applying Certificate of Good Standing online.

Note: All Fields marked with asterisk (*) are mandatory.

☐ I will require endorsement of additional form(s) from the Requesting Authority. I will be submitting the additional form(s) by ☐ Hand ☐ Mail

Reason for Application

*Reason: Seeking Registration
 Depart to Country: Australia
 Departure Date: dd/mm/yyyy
 Return Date: dd/mm/yyyy

Details of Requesting Authority

Send By	Person to Address To	Address	Country	Requesting Authority	Action
Registered Mail	Ms XXX	AHPRA GPO Box 9958 Melbourne VIC 3001	Australia	Australian Health Practitioners Regulation Agency	Delete

[Add Requesting Authority](#)

- 4.1.10 After filling in the details of your requesting authority, you have reached the declaration portion of this form.

All fields are mandatory in this section. Please answer all questions.

MINISTRY OF HEALTH SINGAPORE Allied Health Professions Council

Welcome Ms TEST2 (Last successful login: 15/05/2015 12:45:27 PM) [Change Password](#) | [Logout](#)

Title: _____
 File: [Browse...](#) [Attach](#)

Documents Attached
 No document attached.

Have you ever suffered or are you suffering from any physical or mental illness which may:
 (a) impair your ability to practise as an allied health practitioner; or
 (b) require conditions and/or restrictions being imposed on your registration?
☐ No ☐ Yes

Have you ever consulted a psychiatrist or are you currently undergoing psychiatric treatment?
☐ No ☐ Yes

Are you currently or have you ever been the subject of an inquiry or proceedings by a professional body, health authority or court of law in Singapore or elsewhere, involving or relating to any physical or mental illness suffered by you?
☐ No ☐ Yes

Are you currently or have you ever been the subject of an inquiry or an investigation by any professional body, licensing authority, health authority or the police, in Singapore or elsewhere, the subject matter of which may form the basis of professional misconduct or any improper conduct which may bring disrepute to the profession in which you are registered?
☐ No ☐ Yes

Have you, at any time before the submission of this application, ever been convicted in a court of law in Singapore or elsewhere of any offence?
☐ No ☐ Yes

☐ I declare that the particulars stated in this application and the documents attached are true and authentic, and the information contained herein remains unchanged to date. To the best of my knowledge and belief, I have not withheld any material fact.

☐ I acknowledge that the Allied Health Professions Council shall have the right to withhold and/or terminate my registration and/or take any other action it deems fit, if any of the above information or documents tendered is found subsequently to be false. I am also aware that it is a criminal offence to make any false statements, to provide any false information and/or document(s) to the Allied Health Professions Council. I also understand and give my consent to the Allied Health Professions Council to make any enquiries or obtain any information & documents that it deems appropriate to establish my fitness to practise.

[Save](#) [Proceed](#)

- 4.1.11 If you answered “Yes” to any of the questions, please provide full details in a separate document and attach it under the “Additional Documents” section which can be found immediately below the “Details of Requesting Authority” portion.

Please select the appropriate “Document Title” from the dropdown box. Next click on the “Browse” button to locate the appropriate file on your computer. Once found, click on the “Attach” button. The file must be clearly named (e.g. “Declaration - Qn 1” etc.)

Once completed, click on the “Proceed” button to continue to the “Declaration” tab. Click on the “Proceed” button at the bottom of the screen of the “Declaration” tab to move on to the “Confirmation” tab.

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Mail Melbourne VIC 3001 Regulation Agency

Add Requesting Authority

Application

- » Enquire Applications
- » Registration
- » PC Renewal/Application
- » Restoration
- » Additional Qualifications
- » Issuing of CGS
- » Reprint of RC / PC

Administration

Supervisory

Additional Documents

Note:

- File must be in JPEG(.jpg or .jpeg), PDF (.pdf).
- Each file size must not exceed 1MB

Document Title --Select Here--

File Browse... Attach

Documents Attached

No document attached.

Have you ever suffered or are you suffering from any physical or mental illness which may:
(a) impair your ability to practise as an allied health practitioner; or
(b) require conditions and/or restrictions being imposed on your registration?

☐ No ☒ Yes

If "Yes", please specify

Have you ever consulted a psychiatrist or are you currently undergoing psychiatric treatment?

☐ No ☒ Yes

Are you currently or have you ever been the subject of an inquiry or proceedings by a professional body, health authority or court of law in Singapore or elsewhere, involving or relating to any physical or mental illness suffered by you?

☐ No ☒ Yes

Are you currently or have you ever been the subject of an inquiry or an investigation by any professional body, licensing authority, health authority or the police, in Singapore or elsewhere, the subject matter of which may form the basis of professional misconduct or any improper conduct which may bring disrepute to the profession in which you are registered?

(0/500)

- 4.1.12 Once completed, scroll to the bottom of the page and click on the “Proceed” button to continue to the “Confirmation” tab.

MINISTRY OF HEALTH SINGAPORE
Allied Health Professions Council

Welcome Ms TEST2 (Last successful login: 15/05/2015 12:45:27 PM) [Change Password](#) | [Logout](#)

Application

- » Enquire Applications
- » Registration
- » PC Renewal/Application
- » Restoration
- » Additional Qualifications
- » Issuing of CGS
- » Reprint of RC / PC

Administration

Supervisory

Title
File

Documents Attached
No document attached.

Have you ever suffered or are you suffering from any physical or mental illness which may:
(a) impair your ability to practise as an allied health practitioner; or
(b) require conditions and/or restrictions being imposed on your registration?
☐ No ☐ Yes

Have you ever consulted a psychiatrist or are you currently undergoing psychiatric treatment?
☐ No ☐ Yes

Are you currently or have you ever been the subject of an inquiry or proceedings by a professional body, health authority or court of law in Singapore or elsewhere, involving or relating to any physical or mental illness suffered by you?
☐ No ☐ Yes

Are you currently or have you ever been the subject of an inquiry or an investigation by any professional body, licensing authority, health authority or the police, in Singapore or elsewhere, the subject matter of which may form the basis of professional misconduct or any improper conduct which may bring disrepute to the profession in which you are registered?
☐ No ☐ Yes

Have you, at any time before the submission of this application, ever been convicted in a court of law in Singapore or elsewhere of any offence?
☐ No ☐ Yes

☐ I declare that the particulars stated in this application and the documents attached are true and authentic, and the information contained herein remains unchanged to date. To the best of my knowledge and belief, I have not withheld any material fact.

☐ I acknowledge that the Allied Health Professions Council shall have the right to withhold and/or terminate my registration and/or take any other action it deems fit, if any of the above information or documents tendered is found subsequently to be false. I am also aware that it is a criminal offence to make any false statements, to provide any false information and/or document(s) to the Allied Health Professions Council. I also understand and give my consent to the Allied Health Professions Council to make any enquiries or obtain any information & documents that it deems appropriate to establish my fitness to practise.

- 4.1.13 The “Confirmation” section allows you to review what you had previously keyed in your application for CGS. Please check the information carefully to ensure that it is accurate and truthful. Once done, click on the “Confirm” button at the bottom of the page to continue.

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CGS - Form **Confirmation** Payment Acknowledgement

Application for Certificate of Good Standing (CGS)

Reason for Application

Reason	Seeking Registration
Depart to Country	Australia
Departure Date	-
Return Date	-

Details of Requesting Authority

Requesting Authority	Person to Address To	Address	Country	Send By
Australian Health Practitioners Regulation Agency	Ms XXX	AHPRA GPO Box 9958 Melbourne VIC 3001	Australia	Registered Mail

4.1.14 For "Payment," please have your eNETS or credit card ready. The AHPC only accepts payments by eNETS and credit card.

Click on "Proceed" to continue. You will be directed to a different site with instructions on how to submit your payment.

Once you have completed the payment process, you will be directed to the "Acknowledgement" tab.

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Allied Health Professions Council

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CGS - Form Confirmation **Payment** Acknowledgement

Application for Certificate of Good Standing (CGS)

Please note that the following fee(s) paid will not be refundable.
If you encounter any problems making payment, please try again later. Your application will be saved as Draft in the Enquire Applications.

Fee Type	Unit Price (SGD)	Quantity	Amount Due (SGD)
Application for a certificate of good standing under regulation 15	60.00	1	60.00

Please remember to select the <Click to complete this transaction> button after payment to successfully conclude the transaction. Do not close the browser window before an acknowledgement page indicating successful submission is displayed.

[Proceed](#) [BillCollect](#) [Additional Button](#)

4.1.15 Congratulations! You have successfully submitted your application.

The "Acknowledgement" tab provides you with your application number for reference. You may wish to print or save this page. Please note that your receipt will only be generated 5 working days after payment was made.

MINISTRY OF HEALTH SINGAPORE
Allied Health Professions Council

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CGS - Form Confirmation Payment **Acknowledgement**

Application for Certificate of Good Standing (CGS)

Please be informed that your Application for CGS / Verification of Registration/Enrolment request has been submitted to Allied Health Professions Council on 15/05/2015. Please print / save a copy of this acknowledgement for your reference.

Your application(s) are
Australian Health Practitioners Regulation Agency AHPC-20150515-0002-CGS


You may check the status of your application online using the same User ID and password. For any query, please email to stg_admin@ahpc.gov.sg and quote the above application no.

[Rate this service](#)

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- 4.1.16 To track the the status of your application for CGS, you may retrieve your application under the “Enquire Application” function. Immediately after the submission of your application, the application status will indicate “Application Submitted.”

Please allow the AHPC a minimum of 2 weeks to process your application.

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Application ▼

- » [Enquire Applications](#)
- » [Registration](#)
- » [PC Renewal/Application](#)
- » [Restoration](#)
- » [Additional Qualifications](#)
- » [Issuing of CGS](#)
- » [Reprint of RC / PC](#)
- Administration** ▶
- Supervisory** ▶

Enquire Applications
Applications Submitted
Total record(s) found: 13

Application No.	Application Type	Date of Submission ▲	Application Status	Remarks
AHPC-20150515-0003-CGS	CGS	15/05/2015	Application Submitted	-
AHPC-20150512-0002-POPR	Reprint of PC and RC	-	Draft	-
AHPC-20150512-0003-POPR	Reprint of PC and RC	-	Draft	-


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4.2. POSSIBLE OUTCOMES FOR CGS APPLICATION

4.2.1 Pending supporting documents: Additional documents are required from you in order to continue processing your application.

To find out which documents are pending and to upload these documents to your application, please go to the remarks column, and click “Here”.

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Application 

» [Enquire Applications](#)

» [Registration](#)

» [PC Renewal/Application](#)

» [Restoration](#)

» [Additional Qualifications](#)

» [Issuing of CGS](#)

» [Reprint of RC / PC](#)

Administration 

Supervisory 

[Enquire Applications](#)

Applications Submitted

Total record(s) found: 12

Application No.	Application Type	Date of Submission	Application Status	Remarks
AHPC-20150224-0004-REG	Registration	24/02/2015	Approved	-
AHPC-20150225-0004-REG	Registration	25/02/2015	Approved	-
AHPC-20150225-0007-REG	Registration	25/02/2015	Approved	-
AHPC-20150225-0010-REG	Registration	25/02/2015	Approved	-
AHPC-20150225-0013-REG	Registration	25/02/2015	Rejected	-
AHPC-20150422-0002-PCR	PC Renewal/Application	22/04/2015	Rejected	-
AHPC-20150422-0003-PCR	PC Renewal/Application	22/04/2015	Rejected	-
AHPC-20150422-0005-PCR	PC Renewal/Application	22/04/2015	Approved	-
AHPC-20150514-0005-REG	Registration	14/05/2015	Pending Processing	-
AHPC-20150515-0002-CGS	CGS	15/05/2015	Pending Supporting Documents	Kindly click here to attach all the required documents.

Page 1 2

[\[First\]](#) | [\[Previous\]](#) | [\[Next\]](#) | [\[Last\]](#)

- 4.2.2 Under “Remarks” the AHPC will indicate the necessary documents to be uploaded so that we may continue to process your application. If you had not submitted all the necessary documents, the missing ones will be indicated.

Please upload all your missing documents together if more than 1 document has been requested for. Once done, click on the “Proceed” button.

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Welcome [REDACTED] (Last successful login: 17/04/2015 02:25:57 PM) [Change Password](#) | [Logout](#)

Enquire Applications **Documents** Acknowledgement

Upload Supporting Documents

Note:

- File must be in JPEG(.jpg or .jpeg), PDF (.pdf).
- Each file size must not exceed 1MB

Application No.: AHPC-20150429-0003-REG

REMARKS

Please submit the following documents/ clarification to the AHPC within 7 working days for the AHPC to continue processing your application: i) Letter of consent from MOM; and ii) Certificate of employment from ABC Pte Ltd.

Additional Documents

Document Title	File
NRIC or Work Pass or Passport	Passport size photograph against a white background
Employment offer from prospective employer	Form SF2 – Undertaking by Supervisor

[Proceed](#)

- 4.2.3 Once you have successfully uploaded the pending documents, you will receive a notification that your documents have been submitted successfully to the AHPC. You will also receive an email notification. The status of your application will then be updated to, “Pending processing.”

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Enquire Applications Documents **Acknowledgement**

Acknowledgement for Upload of Additional Documents

Please be informed that the additional documents have been submitted successfully to Allied Health Professions Council on 17/02/2015. Please print / save a copy of this acknowledgement for your reference.

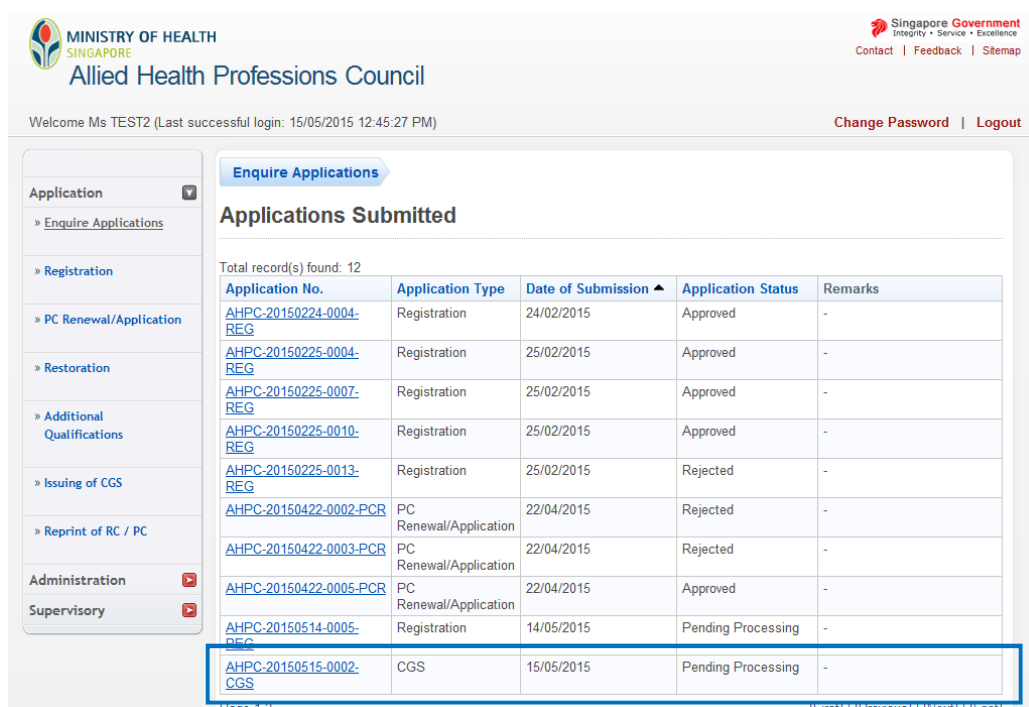
Your application no. is AHPC-20150217-0004-REG.

You may check the status of your application online using the same User ID and password. For any query, please email to stg_admin@ahpc.gov.sg and quote the above application no.

[Rate this service](#)

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4.2.4 Pending processing: AHPC has received your application and is in the midst of processing.



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Enquire Applications

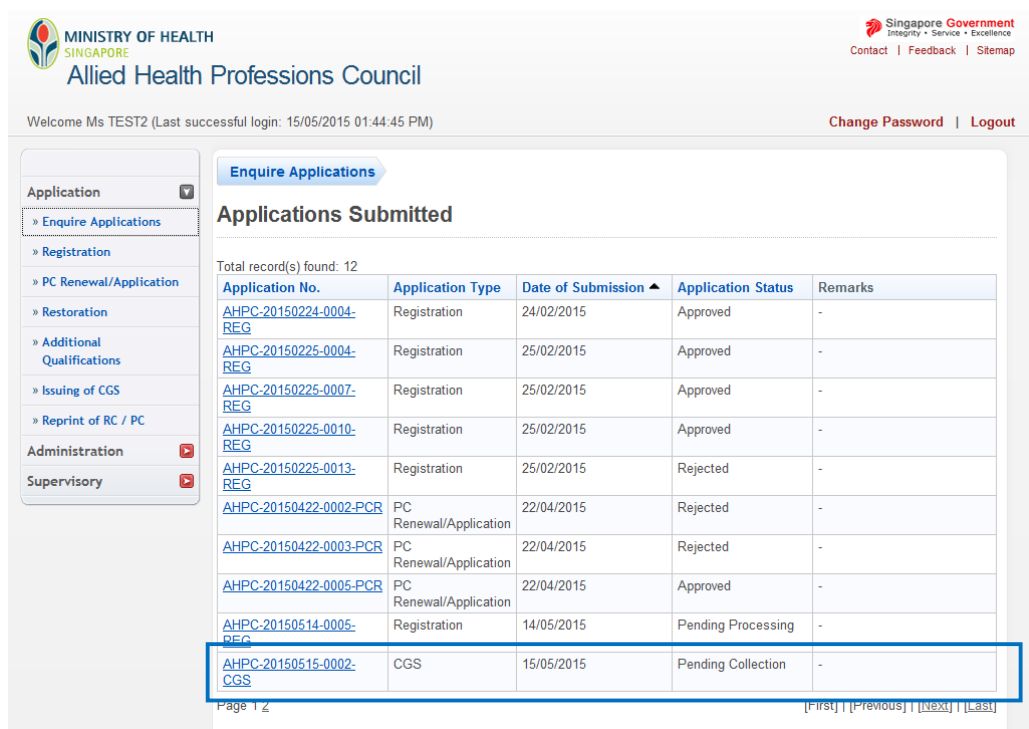
Applications Submitted

Total record(s) found: 12

Application No.	Application Type	Date of Submission	Application Status	Remarks
AHPC-20150224-0004-REG	Registration	24/02/2015	Approved	-
AHPC-20150225-0004-REG	Registration	25/02/2015	Approved	-
AHPC-20150225-0007-REG	Registration	25/02/2015	Approved	-
AHPC-20150225-0010-REG	Registration	25/02/2015	Approved	-
AHPC-20150225-0013-REG	Registration	25/02/2015	Rejected	-
AHPC-20150422-0002-PCR	PC Renewal/Application	22/04/2015	Rejected	-
AHPC-20150422-0003-PCR	PC Renewal/Application	22/04/2015	Rejected	-
AHPC-20150422-0005-PCR	PC Renewal/Application	22/04/2015	Approved	-
AHPC-20150514-0005-REG	Registration	14/05/2015	Pending Processing	-
AHPC-20150515-0002-CGS	CGS	15/05/2015	Pending Processing	-

4.2.5 Pending collection: Your application for CGS is pending collection.

The AHPC has prepared your CGS and is preparing to mail it to your requesting authority.



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Allied Health Professions Council

Welcome Ms TEST2 (Last successful login: 15/05/2015 01:44:45 PM)

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Enquire Applications

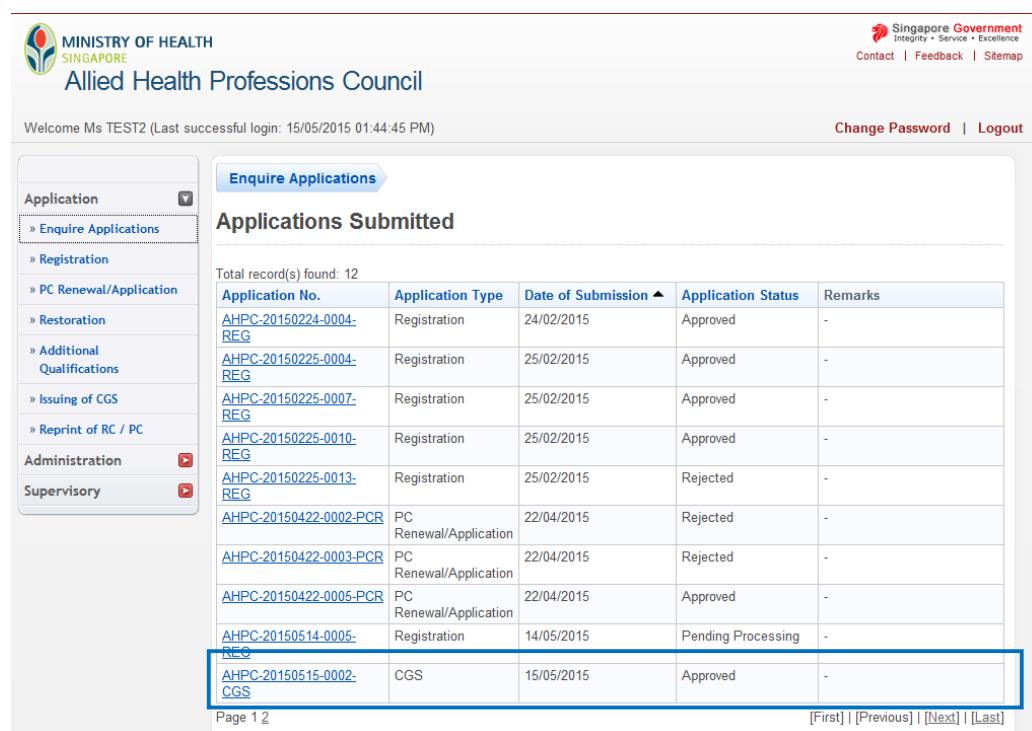
Applications Submitted

Total record(s) found: 12

Application No.	Application Type	Date of Submission	Application Status	Remarks
AHPC-20150224-0004-REG	Registration	24/02/2015	Approved	-
AHPC-20150225-0004-REG	Registration	25/02/2015	Approved	-
AHPC-20150225-0007-REG	Registration	25/02/2015	Approved	-
AHPC-20150225-0010-REG	Registration	25/02/2015	Approved	-
AHPC-20150225-0013-REG	Registration	25/02/2015	Rejected	-
AHPC-20150422-0002-PCR	PC Renewal/Application	22/04/2015	Rejected	-
AHPC-20150422-0003-PCR	PC Renewal/Application	22/04/2015	Rejected	-
AHPC-20150422-0005-PCR	PC Renewal/Application	22/04/2015	Approved	-
AHPC-20150514-0005-REG	Registration	14/05/2015	Pending Processing	-
AHPC-20150515-0002-CGS	CGS	15/05/2015	Pending Collection	-

4.2.6 **Approved:** Your application for CGS has been approved.

Your application status under “Enquire Applications” will be updated to indicate “Approved” when the AHPC has mailed your CGS.



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Allied Health Professions Council

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Change Password | Logout

Enquire Applications

Applications Submitted

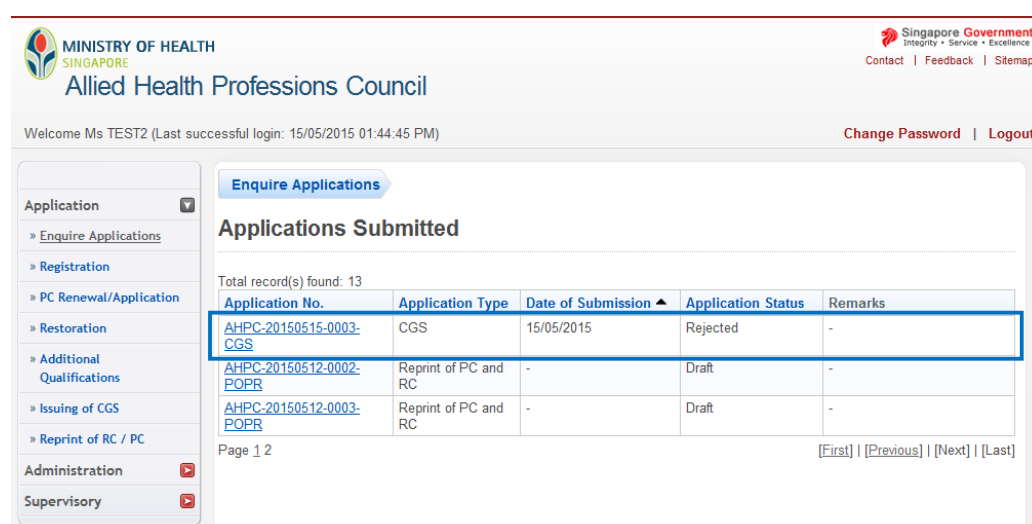
Total record(s) found: 12

Application No.	Application Type	Date of Submission	Application Status	Remarks
AHPC-20150224-0004-REG	Registration	24/02/2015	Approved	-
AHPC-20150225-0004-REG	Registration	25/02/2015	Approved	-
AHPC-20150225-0007-REG	Registration	25/02/2015	Approved	-
AHPC-20150225-0010-REG	Registration	25/02/2015	Approved	-
AHPC-20150225-0013-REG	Registration	25/02/2015	Rejected	-
AHPC-20150422-0002-PCR	PC Renewal/Application	22/04/2015	Rejected	-
AHPC-20150422-0003-PCR	PC Renewal/Application	22/04/2015	Rejected	-
AHPC-20150422-0005-PCR	PC Renewal/Application	22/04/2015	Approved	-
AHPC-20150514-0005-REG	Registration	14/05/2015	Pending Processing	-
AHPC-20150515-0002-CGS	CGS	15/05/2015	Approved	-

Page 1 2 [First] | [Previous] | [Next] | [Last]

4.2.7 **Rejected:** Your application for CGS has been rejected.

If you have any enquiries about your rejected application, please e-mail AHPC@spb.gov.sg.



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Allied Health Professions Council

Welcome Ms TEST2 (Last successful login: 15/05/2015 01:44:45 PM)

Change Password | Logout

Enquire Applications

Applications Submitted

Total record(s) found: 13

Application No.	Application Type	Date of Submission	Application Status	Remarks
AHPC-20150515-0003-CGS	CGS	15/05/2015	Rejected	-
AHPC-20150512-0002-POPR	Reprint of PC and RC	-	Draft	-
AHPC-20150512-0003-POPR	Reprint of PC and RC	-	Draft	-

Page 1 2 [First] | [Previous] | [Next] | [Last]

5. EXTENSION OF CONDITIONAL REGISTRATION OR CONVERSION FROM CONDITIONAL TO FULL OR RESTRICTED REGISTRATION

5.1. SUBMITTING AN APPLICATION FOR EXTENSION OF CONDITIONAL REGISTRATION OR CONVERSION FROM CONDITIONAL TO FULL OR RESTRICTED REGISTRATION

- 5.1.1 As a conditionally registered allied health professional, you may be required to extend the duration of your conditional registration in order to satisfy conditions imposed by the AHPC. Conditionally registered allied health professions who have successfully satisfied the conditions of their registration will also be eligible to convert to full or restricted registration.

Such individuals will receive a letter from the AHPC to notify them to submit another application for registration. **Do not submit your application for extension or conversion via the Professional Registration System (PRS) until you have received this letter.** You may receive auto-generated e-mails from the PRS reminding you to submit your application for PC renewal. Please ignore these e-mails.

To submit an application to extend your conditional registration or for conversion to full or restricted registration, please log into the PRS.

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Login

Instructions for Authorised Users
This site is best viewed using IE8 or Mozilla Firefox 11.

Healthcare Professionals:
You may login via SingPass or your User ID and password. For first time login users, please click [here](#) to view the documentation required for processing.

HR Personnel:
You may login via your User ID and password. If you do not have an account, please click [here](#) to download the form and mail the signed form to stg_admin@ahpc.gov.sg.

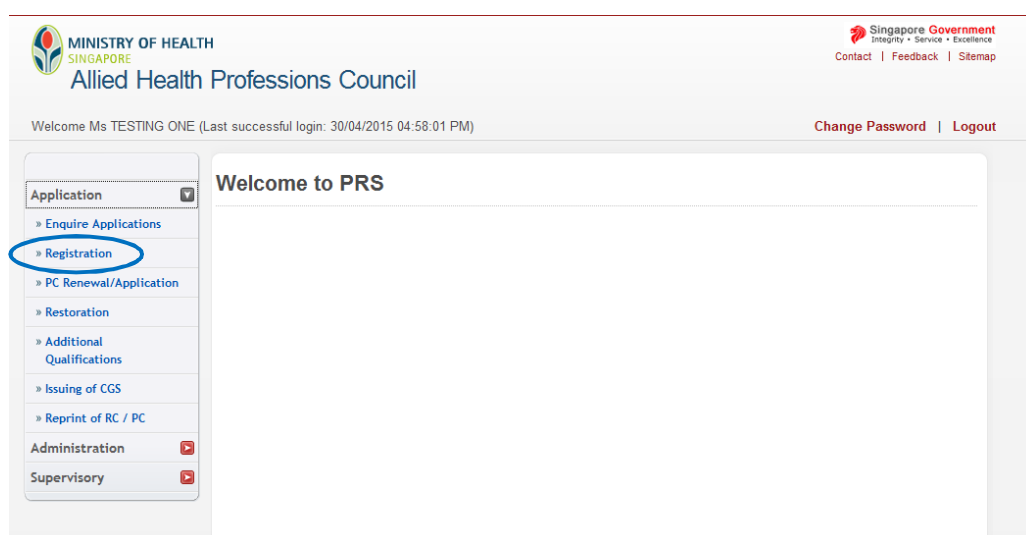
User ID ?
Password
 [Reset Password](#)

Alternatively, you can login using

- 5.1.2 On the column to the left of the screen, click on “Application” to expand the list of options available to you.



- 5.1.3 Please click on the “Registration” tab for submitting a registration application.



- 5.1.4 You will then see a set of instructions for submission of application for registration.

Please read them carefully and then click on the “Proceed” button at the bottom of the page.



5.2. FILLING IN YOUR APPLICATION FORM FOR CONVERSION OR EXTENSION

You will then see the first page of the application form. There are mandatory fields in this form which are marked by an asterisk (*). Please go through the form carefully and ensure that all these fields are completed correctly. If any of these fields are missed, you will not be able to proceed to the next page of the application.

In addition, you will be logged out of the system if it has been idle for 30 minutes. All your inputs will be lost if you did not save your progress.

You will have the option to save your application as a draft at the end of each page by clicking the button, "Save as Draft". To prevent you from losing your work, you should scroll to the bottom of the page to save your application if you have to step away from your keyboard.

5.2.1 PERSONAL TAB

- 5.2.1.1 In the "Personal" page, please select the type of register (i.e. Occupational Therapist, Physiotherapist, Speech-Language Therapist) you are registering for.

At the same time, please verify if your personal particulars are accurate. These details would have been provided from your last application for registration.

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Allied Health Professions Council

Welcome Ms TESTING ONE (Last successful login: 30/04/2015 04:58:01 PM)

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Instruction **Personal** Qualifications Employment Documents Declaration Confirmation Payment Acknowledgement

Application
» Enquire Applications
» Registration
» PC Renewal/Application
» Restoration
» Additional Qualifications
» Issuing of CGS
» Reprint of RC / PC
Administration
Supervisory

Application for Registration

All fields marked with asterisk (*) are mandatory

Registration Details

*Type of Register --Select Here--
I am also trained in other profession --Select Here--

Particulars Of Applicant

Identification Type	Passport
Identification No.	456789
Salutation	Ms
Full Name as shown in NRIC/FIN/Passport	TESTING ONE
Surname / Family Name	ONE
Preferred Order of Name	-
Name in Chinese Character	-
Gender	Female
Race	Chinese

- 5.2.1. If you detect any errors, you will need to update your particulars. Please refer to
2 Section 1 – Update Particulars of this manual for the step by step guide.

Once you have confirmed that all the information on the first page of the application is correct, please click on the “Proceed” button to continue to the next page.

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SINGAPORE
Allied Health Professions Council

Welcome Ms TESTING ONE (Last successful login: 30/04/2015 04:58:01 PM) [Change Password](#) | [Logout](#)

Application ▾

- » [Enquire Applications](#)
- » [Registration](#)
- » [PC Renewal/Application](#)
- » [Restoration](#)
- » [Additional Qualifications](#)
- » [Issuing of CGS](#)
- » [Reprint of RC / PC](#)
- Administration** ▾
- Supervisory** ▾

Address Line 4 -
Contact No. -

Preferred mailing address Principal Practice Place Address

Information On Spouse

Full Name -
Nationality -
Occupation -

If Spouse is working in Singapore

Company Name -
Postal Code -
Block/House No. -
Level - Unit No. -
Street Name -
Building Name -

If Spouse is a registered healthcare professional in Singapore

Singapore Health Professional Entities -
Registration No. / Identification No. -
If your spouse is not a healthcare professional, does he / she intend to apply for registration in Singapore?
-

[Save as Draft](#) [Proceed](#)

5.2.2 QUALIFICATIONS TAB

5.2.2.1 You are now on the "Qualifications" page of the application form. Similar to the "Personal" tab, please verify if your information is accurate. These details would have been provided from your last application for registration.

At this point, you will also be able to add any postgraduate qualifications, practice experience or licensing details acquired during your period of conditional registration.

The screenshot shows the "Qualifications" tab selected in the application form. The left sidebar contains a menu with options: Application, Enquire Applications, Registration, PC Renewal/Application, Restoration, Additional Qualifications, Issuing of CGS, Reprint of RC / PC, Administration, and Supervisory. The main content area is titled "Application for Registration" and includes a note: "Note: All Fields marked with asterisk (*) are mandatory." Below this, the "Qualifications of Applicant" section is displayed, showing a table of "Basic Allied Health Qualification Obtained".

Country	University / Institution	Qualification Type	Qualification	Abbrev. Of Qualification	Programme Type	Specialty	Year Obtained	Action
Singapore	Nanyang Polytechnic	Diploma	Diploma in Occupational Therapy	-	-	-	2015	-

Below the table, there is a section for "Are you required to take a licensing examination before you can practise as an Allied Health professional in the country where you obtained your primary professional qualification? No". If "Yes", please provide details.

5.2.2.2 If you would like to add a postgraduate qualification, click on the "Add Postgraduate Qualification" button to activate a pop up window.

The screenshot shows the "Postgraduate / Post-registration Allied Health Qualifications Obtained" section of the application form. The left sidebar is the same as in the previous screenshot. The main content area displays a table for "Postgraduate / Post-registration Allied Health Qualifications Obtained". Below the table, there is a button labeled "Add Postgraduate Qualification".

Country	University / Institution	Qualification Type	Qualification	Abbrev. Of Qualification	Programme Type	Specialty	Year Obtained	Action
No Postgraduate / Post-registration Qualification added.								

Below the table, there is a button labeled "Add Postgraduate Qualification".

The section also includes "Clinical / Housemanship / Internship Experience of Applicant" and "Past Work Practice Experience" sections, each with a table and an "Add" button.

- 5.2.2. Please fill in the particulars of your postgraduate qualification in this window. As you
3 key in the details of your qualification, the entry will be autopopulated by the system.

If you are unable to locate your University or Qualification, please select the “Others” option. Key in your institution’s name and qualification, as it appears on your graduation certificate.

Please do not make use of abbreviations (e.g. University of Queensland instead of UQ) and type out your qualification in full (e.g. Master of Science in Physiotherapy instead of MSc Physiotherapy).

Click on the “Save” button once you have keyed in the mandatory information.

Postgraduate Qualification

*Country: --Select Here--

*University / Institution: --Select Here--

*Qualification Type: --Select Here--

*Qualification: --Select Here--

Abbrev. Of Qualification:

Programme Type: ☐ Full-time ☐ Part-time

Specialty: --Select Here--

*Year Obtained:

Save **Cancel**

- 5.2.2. The pop-up window will close and your inputs will be updated onto the main form. If
4 you have made any errors, please select the relevant University/ Institution hyperlink to activate the pop up and make the necessary changes. If you wish to delete the entry, select the “Delete” action to the right of the table.

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Are you required to take a licensing examination before you can practise as an Allied Health professional in the country where you obtained your primary professional qualification? No
If “Yes”, please provide details
-
If licensing examination is required, have you attempted and passed the required examination? -
If “No”, please state reasons
-

Postgraduate / Post-registration Allied Health Qualifications Obtained

Country	University / Institution	Qualification Type	Qualification	Abbrev. Of Qualification	Programme Type	Specialty	Year Obtained	Action
Australia	The University of Queensland	Bachelor	Bachelor of Occupational Therapy (Honours)	-	Full-time	-	2015	Delete

[Add Postgraduate Qualification](#)

Clinical / Housemanship / Internship Experience of Applicant

Country	University / Institution	Department	Discipline	Start Date	End Date	Total Clinical Practice Hours	Action
No Clinical / Housemanship / Internship Experience of Applicant added.							

[Add Clinical Experience](#)

- 5.2.2. It is not necessary to fill in the section for “Clinical / Housemanship / Internship Experience of Applicant”. Please ignore it and proceed onto “Past Work Practice Experience”.

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Application

- » Enquire Applications
- » Registration
- » PC Renewal/Application
- » Restoration
- » Additional Qualifications
- » Issuing of CGS
- » Reprint of RC / PC
- Administration**
 - » Update Particulars
 - Supervisory**

Are you required to take a licensing examination before you can practise as an Allied Health professional in the country where you obtained your primary professional qualification? No
If "Yes", please provide details
-
If licensing examination is required, have you attempted and passed the required examination? -
If "No", please state reasons
-

Postgraduate / Post-registration Allied Health Qualifications Obtained

Country	University / Institution	Qualification Type	Qualification	Abbrev. Of Qualification	Programme Type	Specialty	Year Obtained	Action
Australia	The University of Queensland	Bachelor	Bachelor of Occupational Therapy (Honours)	-	Full-time	-	2015	Delete

[Add Postgraduate Qualification](#)

Clinical / Housemanship / Internship Experience of Applicant

Country	University / Institution	Department	Discipline	Start Date	End Date	Total Clinical Practice Hours	Action
No Clinical / Housemanship / Internship Experience of Applicant added.							

[Add Clinical Experience](#)

- 5.2.2. To fill in your past work practice experience, click on the “Add Practice Experience” button.

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Application

- » Enquire Applications
- » Registration

Past Work Practice Experience

Date Joined	Date Left	Employers Name	Country	Institution / Organisation	Department	Grade / Designation / Appointment	Type	No of Hours per Week	Action
No Past Work Practice Experience added.									

[Add Practice Experience](#)

Registration / Licensing Details (obtained outside Singapore)

Country of Registration	Name of Council / Registration Authority	Registration Type/Category	Registration / Licensing No.	Date of Registration	Current PC No.	Current PC Start Date	Current PC End Date	Action
No Registration / Licensing Details added.								

[Add Licensing Details](#)

[Save as Draft](#) [Proceed](#)

- 5.2.2. A new window will pop up. Please fill in the particulars of your past work practice experience in this window.

7

Please note that if you had been working on a part-time basis, it is necessary to declare the number of hours you work per week.

As your past work experience would mostly likely include employment in Singapore, the details of the organisation may be automatically populated as you key in the information. Please select the most accurate entry, continue to fill up all the mandatory fields and click on the "Save" button when done.

Past Work Practice Experience

*Date Joined

*Date Left

*Employers Name

*Country

*Institution / Organisation

Department

*Grade / Designation / Appointment

*Type ☐ Full-time ☐ Part-time

- 5.2.2. The pop-up window will close and your inputs will be updated onto the main form. If you have made any errors, please select the the relevant Institution / Organisation hyperlink to activate the pop up and make the necessary changes. If you wish to delete the entry, select the "Delete" action to the right of the table.

8

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- » Reprint of RC / PC

Administration

- » Update Particulars

Supervisory

Past Work Practice Experience

Date Joined	Date Left	Employers Name	Country	Institution / Organisation	Department	Grade / Designation / Appointment	Type	No of Hours per Week	Action
12/04/2013	15/05/2014	Singapore General Hospital Outram Road Singapore 169608	Singapore	Singapore General Hospital Outram Road Singapore 169608	-	Occupational Therapist	Part-time	20	Delete

Registration / Licensing Details (obtained outside Singapore)

Country of	Name of Council /	Registration	Registration /	Date of	Current	Current PC Start	Current PC End	Action
------------	-------------------	--------------	----------------	---------	---------	------------------	----------------	--------

- 5.2.2. If you are registered or licensed with overseas professional registration authorities, you
9 will need to provide details of your registration in “Registration / Licensing Details (obtained outside Singapore)”.

To begin keying in this information, click on the “Add Licensing Details” button.

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Postgraduate / Post-registration Allied Health Qualifications Obtained

Country	University / Institution	Qualification Type	Qualification	Abbrev. Of Qualification	Programme Type	Specialty	Year Obtained	Action
No Postgraduate / Post-registration Qualification added.								

Add Postgraduate Qualification

Clinical / Housemanship / Internship Experience of Applicant

Country	University / Institution	Department	Discipline	Start Date	End Date	Total Clinical Practice Hours	Action
No Clinical / Housemanship / Internship Experience of Applicant added.							

Add Clinical Experience

Past Work Practice Experience

Date Joined	Date Left	Employers Name	Country	Institution / Organisation	Department	Grade / Designation / Appointment	Type	No of Hours per Week	Action
No Past Work Practice Experience added.									

Add Practice Experience

Registration / Licensing Details (obtained outside Singapore)

Country of Registration	Name of Council / Registration Authority	Registration Type/Category	Registration / Licensing No.	Date of Registration	Current PC No.	Current PC Start Date	Current PC End Date	Action
No Registration / Licensing Details added.								

Add Licensing Details

- 5.2.2. A new window will pop up. Please fill in the particulars of your registration or licensing
10 details with regulatory bodies outside of Singapore.

When keying in the name of the professional regulatory body, please key in its name in full (e.g. Australia Health Practitioner Regulation Agency instead of AHPRA). Please fill in the mandatory fields and click on the “Save” button once you have keyed in the information.

Please also note that professional associations are not professional regulatory bodies (i.e. Singapore Physiotherapy Association, Occupational Therapy Australia, Speech Pathology Australia).

Registration / Licensing Details (obtained outside Singapore)

Country of Registration: --Select Here--

Name of Council / Registration Authority: (0/255)

Registration Type/Category:

Registration / Licensing No.:

Date of Registration: dd/mm/yyyy

Current PC No.:

Current PC Start Date: dd/mm/yyyy

Current PC End Date: dd/mm/yyyy

Save Cancel

- 5.2.2. The pop-up window will close and your inputs will be updated onto the main form. If you have made any errors, please select the the relevant Name of Council/ Regulatory Authority hyperlink to activate the pop up and make the necessary changes. If you wish to delete the entry, select the “Delete” action to the right of the table.

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 » Reprint of RC / PC
Administration [v]
 » Update Particulars
Supervisory [v]

Clinical / Housemanship / Internship Experience of Applicant

Country	University / Institution	Department	Discipline	Start Date	End Date	Total Clinical Practice Hours	Action
No Clinical / Housemanship / Internship Experience of Applicant added.							

[Add Clinical Experience](#)

Past Work Practice Experience

Date Joined	Date Left	Employers Name	Country	Institution / Organisation	Department	Grade / Designation / Appointment	Type	No of Hours per Week	Action
No Past Work Practice Experience added.									

[Add Practice Experience](#)

Registration / Licensing Details (obtained outside Singapore)

Country of Registration	Name of Council / Registration Authority	Registration Type/Category	Registration / Licensing No.	Date of Registration	Current PC No.	Current PC Start Date	Current PC End Date	Action
Australia	Australian Health Practitioner Regulation Agency	General	OCC00987654	01/02/2014	-	-	-	Delete

[Add Licensing Details](#)

[Save as Draft](#) [Proceed](#)

- 5.2.2. Once you have completed this page of the application, please click on the “Proceed” button to continue to the next page.

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Administration [v]
 » Update Particulars
Supervisory [v]

[Add Postgraduate Qualification](#)

Clinical / Housemanship / Internship Experience of Applicant

Country	University / Institution	Department	Discipline	Start Date	End Date	Total Clinical Practice Hours	Action
No Clinical / Housemanship / Internship Experience of Applicant added.							

[Add Clinical Experience](#)

Past Work Practice Experience

Date Joined	Date Left	Employers Name	Country	Institution / Organisation	Department	Grade / Designation / Appointment	Type	No of Hours per Week	Action
No Past Work Practice Experience added.									

[Add Practice Experience](#)

Registration / Licensing Details (obtained outside Singapore)

Country of Registration	Name of Council / Registration Authority	Registration Type/Category	Registration / Licensing No.	Date of Registration	Current PC No.	Current PC Start Date	Current PC End Date	Action
No Registration / Licensing Details added.								

[Add Licensing Details](#)

[Save as Draft](#) [Proceed](#)

5.2.3 EMPLOYMENT TAB

5.2.3.1 You are now on the "Employment" page of the application form.

This page will indicate your employment details as was provided when you submitted your initial application for registration.

The screenshot shows the AHPC application form with the 'Employment' tab selected. The 'Current (Singapore) Employment Details' section is highlighted with a blue box. It contains the following information:

Current (Singapore) Employment Details	
Activity Status	Working Full-time in Singapore
Appointment	Occupational Therapist
Name of Institution / Organisation	Singapore General Hospital Outram Road Singapore 169608
Nature of Work	Clinical Service
Department / Division	
*Date Joined	23/10/2013
Date Left	-

The 'Proposed (Singapore) Employment Details' section is also visible, with dropdown menus for Activity Status, Appointment, and Name of Institution / Organisation.

5.2.3.2 If you are changing employers, you will need to key in your new "Proposed (Singapore) Employment Details".

Please note that the details in your "Principle Place of Practice" may not be changed in this section. You will need to write in to AHPC at AHPC@spb.gov.sg so that we may update the information. Alternatively, you may update this information after the approval of your conversion or extension of registration by submitting an update of particulars application (for more information on how to update particulars, refer to section 1 of this guide).


The screenshot shows the AHPC application form with the 'Employment' tab selected. The 'Proposed (Singapore) Employment Details' section is highlighted with a blue box. It contains the following information:

Proposed (Singapore) Employment Details	
Activity Status	--Select Here--
Appointment	--Select Here--
Name of Institution / Organisation	
Nature of Work	--Select Here--
Department / Division	
Date Joined	dd/mm/yyyy
Date Left	dd/mm/yyyy

The 'Principal Place of Practice' section is also visible, containing the following information:

Principal Place of Practice	
*Appointment	Occupational Therapist
*Name of Institution / Organisation	Singapore General Hospital Outram Road Singapore 169608
Nature of Work	Clinical Service
Department / Division	
Date Joined	23/10/2013
Date Left	-

- 5.2.3. Once you have verified your employment information or keyed in the details of your new employment, click on the “Proceed” button to continue.
- 3

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Administration ▼


- » [Update Particulars](#)


Supervisory ▶

Name of Institution / Organisation

Nature of Work

Department / Division

Date Joined 

Date Left 

Principal Place of Practice

*Appointment Occupational Therapist

*Name of Institution / Organisation Singapore General Hospital
Outram Road
Singapore 169608

Nature of Work Clinical Service

Department / Division

Date Joined 23/10/2013

Date Left -

Secondary Place of Practice

Name of Institution / Organisation	Appointment	Nature of Work	Department / Division	Date Joined	Date Left	Action
No Secondary Place of Practice added.						

[Add Secondary Place of Practice](#)

[Save as Draft](#) [Proceed](#)

5.2.4 DOCUMENTS TAB

5.2.4.1 In the documents section, please prepare the following documents to be uploaded as part your application for registration.

Under "Mandatory Documents" please upload:

- Copy of NRIC (front and back), Work Pass from MOM
- A copy of your passport photo taken against a white background within the last 6 months
- Employment offer (printed on employer letterhead)
- AHPC Form SF2 (Undertaking by Supervisor). This form may be downloaded from AHPC's website at http://www.healthprofessionals.gov.sg/content/hprof/ahpc/en/topnav/forms_downloads.html

Singapore citizens and permanent residents should be uploading a copy of their NRIC and not any of the other identification documents.

If you have answered "Yes" to any of the questions under "Declarations" (section 6.5 of this guide), please upload:

- All supporting documentation and full details

Each file must be in JPEG or PDF format and should not exceed 1 MB.

You should save these files in your computer at a known location so as to facilitate your uploading. File names should be clear and specific (i.e. "NRIC", "Passport photo", "Employment Offer" and "SF2" instead of "Document 1", "AHPC 1" etc.).

The screenshot displays the AHPC Application for Registration portal. The 'Documents' tab is active in the top navigation bar. A sidebar on the left lists application steps: Application, Administration, and Supervisory. The main content area shows the 'Mandatory Documents' section, which is highlighted with a blue box. This section lists four required documents, each with a 'Document Title' field, an 'Upload Document' button, and 'Browse...' and 'Attach' buttons. The documents are: Employment offer from prospective employer, Form SF2 – Undertaking by Supervisor, NRIC or Work Pass or Passport, and Passport size photograph against a white background. The page also includes a 'Note' section with file format and size requirements, and a top navigation bar with links like 'Change Password' and 'Logout'.

- 5.2.4. When uploading your documents, please take note of the description of the document (i.e. NRIC or Work Pass or Passport) and upload the CORRECT item.

2

To begin, **select the “Browse” button to locate the appropriate file on your computer.** Once found, click on the “Attach” button. You will receive the message that your document has been updated successfully. You may upload multiple documents.

If you have made any mistakes uploading the documents, you may click on the “Replace” or “Delete” hyperlinks and proceed to re-upload the correct ones.

When all the required documents have been uploaded, please click “Proceed” to continue.

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Mandatory Documents

Document Title	Upload Document
Employment offer from prospective employer	Browse... Attach
Form SF2 – Undertaking by Supervisor	Browse... Attach
NRIC or Work Pass or Passport	Browse... Attach
Passport size photograph against a white background	Browse... Attach

Additional Documents

Document Title: Certificate of Attendance

File: [Browse...](#) [Attach](#)

Documents Attached

Document Title	Replace	Delete
Employment offer from prospective employer	Replace	Delete
Form SF2 – Undertaking by Supervisor	Replace	Delete
NRIC or Work Pass or Passport	Replace	Delete
Passport size photograph against a white background	Replace	Delete

[Proceed](#)

5.2.5 DECLARATION TAB

5.2.5.1 All fields are mandatory in the "Declaration" section. Please answer all questions.

The screenshot shows the 'Declaration' tab of the 'Application for Registration' form on the Allied Health Professions Council (AHPC) website. The page header includes the Ministry of Health Singapore logo and the Singapore Government logo. The user is logged in as 'TESTING ONE' with a last successful login on 17/02/2015 at 03:38:28 PM. The navigation bar shows tabs for Instruction, Personal, Qualifications, Employment, Documents, Declaration (selected), Confirmation, Payment, and Acknowledgement. The left sidebar has links for 'Enquire Applications' and 'Registration'. The main content area is titled 'Application for Registration' and contains a note stating 'All fields are mandatory'. Below this, there is a section for 'Declarations by Applicant' with five numbered questions, each with 'No' and 'Yes' radio button options. The questions are: 1. Have you ever been convicted, or been the subject of an inquiry or an investigation by any professional body, licensing, health authority or the police in Singapore or elsewhere, the subject matter of which may form the basis of professional misconduct or any improper conduct which may bring disrepute to the Allied Health profession? 2. Have you ever suffered or are you suffering from any physical or mental illness, which impairs your fitness to practise as an Allied Health practitioner or even if your fitness to practise is not impaired, it will still require conditions being imposed on your registration or alternatively, prevents you from practising as an Allied Health practitioner without any restriction? 3. Have you ever consulted a psychiatrist or are you currently undergoing psychiatric treatment? 4. Have you, at any time before the submission of this application, ever been convicted in a court of law in Singapore or elsewhere of any offence? 5. Have you ever been the subject of an inquiry or proceedings by a professional body, Health Authority or court of law in Singapore or elsewhere, involving or relating to any physical or mental illness suffered by you? Below the questions, there are two checkboxes for declarations: 'I declare that the particulars stated in this application and the documents attached are true and authentic, and the information contained herein remains unchanged to date. To the best of my knowledge and belief, I have not withheld any material fact.' and 'I acknowledge that the Allied Health Professions Council reserves all rights to withhold and/or to terminate my registration and/or take any action it deems fit, if any of the above information or documents tendered is found subsequently to be false. I am also aware that it is a criminal offence to make any false statements, to provide any false information and/or document(s) to the Allied Health Professions Council. I also understand and give my consent for the Allied Health Professions Council to make any enquiries or obtain any information & documents that it deems appropriate to establish my fitness to practise.' At the bottom, there is a statement 'I agree to allow this application including all of the information contained, and declarations set out, in this application to be accessed by prospective employer.' with 'No' and 'Yes' radio button options. The form ends with 'Save as Draft' and 'Proceed' buttons.

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[Instruction](#) [Personal](#) [Qualifications](#) [Employment](#) [Documents](#) **[Declaration](#)** [Confirmation](#) [Payment](#) [Acknowledgement](#)

Application ☒

[Enquire Applications](#)

[Registration](#)

Application for Registration

Note: All fields are mandatory.

Declarations by Applicant

Please answer all questions. If you have answered "yes" to any of the questions, please provide full details in a separate document and upload supporting documents at the "Documents" tab, where applicable.

- 1 Have you ever been convicted, or been the subject of an inquiry or an investigation by any professional body, licensing, health authority or the police in Singapore or elsewhere, the subject matter of which may form the basis of professional misconduct or any improper conduct which may bring disrepute to the Allied Health profession?
☐ No ☐ Yes
- 2 Have you ever suffered or are you suffering from any physical or mental illness, which impairs your fitness to practise as an Allied Health practitioner or even if your fitness to practise is not impaired, it will still require conditions being imposed on your registration or alternatively, prevents you from practising as an Allied Health practitioner without any restriction?
☐ No ☐ Yes
- 3 Have you ever consulted a psychiatrist or are you currently undergoing psychiatric treatment?
☐ No ☐ Yes
- 4 Have you, at any time before the submission of this application, ever been convicted in a court of law in Singapore or elsewhere of any offence?
☐ No ☐ Yes
- 5 Have you ever been the subject of an inquiry or proceedings by a professional body, Health Authority or court of law in Singapore or elsewhere, involving or relating to any physical or mental illness suffered by you?
☐ No ☐ Yes

☐ I declare that the particulars stated in this application and the documents attached are true and authentic, and the information contained herein remains unchanged to date. To the best of my knowledge and belief, I have not withheld any material fact.

☐ I acknowledge that the Allied Health Professions Council reserves all rights to withhold and/or to terminate my registration and/or take any action it deems fit, if any of the above information or documents tendered is found subsequently to be false. I am also aware that it is a criminal offence to make any false statements, to provide any false information and/or document(s) to the Allied Health Professions Council. I also understand and give my consent for the Allied Health Professions Council to make any enquiries or obtain any information & documents that it deems appropriate to establish my fitness to practise.

I agree to allow this application including all of the information contained, and declarations set out, in this application to be accessed by prospective employer.
☐ No ☐ Yes

[Save as Draft](#) [Proceed](#)

- 5.2.5. If you have answered “Yes” to any of the questions, please provide full details in a separate document and upload them at the “Documents” tab.

2

You may access the “Documents” tab by clicking on it. Similarly, please name the files clearly (e.g. “Declaration-Qn 1” etc.).

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Welcome TESTING ONE (Last successful login: 17/02/2015 03:38:26 PM)

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Application

[* Enquire Applications](#)

[* Registration](#)

Application for Registration

Note: All fields are mandatory.

Declarations by Applicant

Please answer all questions. If you have answered “yes” to any of the questions, please provide full details in a separate document and upload supporting documents at the “Documents” tab, where applicable.

1 Have you ever been convicted, or been the subject of an inquiry or an investigation by any professional body, licensing, health authority or the police in Singapore or elsewhere, the subject matter of which may form the basis of professional misconduct or any improper conduct which may bring disrepute to the Allied Health profession?

☐ No ☒ Yes

If Yes, please provide full details:

(0/500)

2 Have you ever suffered or are you suffering from any physical or mental illness, which impairs your fitness to practise as an Allied Health practitioner or even if your fitness to practise is not impaired, it will still require conditions being imposed on your registration or alternatively, prevents you from practising as an Allied Health practitioner without any restriction?

☐ No ☒ Yes

If Yes, please provide full details:

(0/500)

3 Have you ever consulted a psychiatrist or are you currently undergoing psychiatric treatment?

☐ No ☒ Yes

If Yes, please provide full details:

(0/500)

4 Have you, at any time before the submission of this application, ever been convicted in a court of law in Singapore or elsewhere of any offence?

☐ No ☒ Yes

If Yes, please provide full details:

(0/500)


5 Have you ever been the subject of an inquiry or proceedings by a professional body, Health Authority or court of law in Singapore or elsewhere, involving or relating to any physical or mental illness suffered by you?


☐ No ☒ Yes

If Yes, please provide full details:

(0/500)

- 5.2.5. Once you have filled up all the questions in the “Declaration” tab, click on the
3 “Proceed” button to continue on to the “Confirmation” section.

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Administration ▾

- » [Update Particulars](#)

Supervisory ▾

2 Have you ever consulted a psychiatrist or are you currently undergoing psychiatric treatment?
☒ No ☐ Yes

3 Are you currently or have you ever been the subject of an inquiry or proceedings by a professional body, health authority or court of law in Singapore or elsewhere, involving or relating to any physical or mental illness suffered by you?
☒ No ☐ Yes

4 Are you currently or have you ever been the subject of an inquiry or an investigation by any professional body, licensing authority, health authority or the police, in Singapore or elsewhere, the subject matter of which may form the basis of professional misconduct or any improper conduct which may bring disrepute to the profession in which you are registered?
☒ No ☐ Yes

5 Have you, at any time before the submission of this application, ever been convicted in a court of law in Singapore or elsewhere of any offence?
☒ No ☐ Yes

☒ I declare that the particulars stated in this application and the documents attached are true and authentic, and the information contained herein remains unchanged to date. To the best of my knowledge and belief, I have not withheld any material fact.

☒ I acknowledge that the Allied Health Professions Council shall have the right to withhold and/or terminate my registration and/or take any other action it deems fit, if any of the above information or documents tendered is found subsequently to be false. I am also aware that it is a criminal offence to make any false statements, to provide any false information and/or document(s) to the Allied Health Professions Council. I also understand and give my consent to the Allied Health Professions Council to make any enquiries or obtain any information & documents that it deems appropriate to establish my fitness to practise.

I agree to allow this application including all of the information contained, and declarations set out, in this application to be accessed by prospective employer.
☐ No ☒ Yes

Save as Draft

Proceed

5.2.6 CONFIRMATION TAB

5.2.6.1 The “Confirmation” section allows you to review what you had previously keyed in your application for registration. Please check your information carefully to ensure that it is accurate and truthful.

If you wish you make any changes, please click on the relevant tabs at the top of the page to access the page and edit your information.

The screenshot shows the 'Allied Health Professions Council' website. The user is logged in as 'TESTING ONE'. The 'Confirmation' tab is selected in the top navigation bar. The page title is 'Application for Registration'. The 'Registration Details' section shows 'Type of Register' as 'Occupational Therapist' and 'I am also trained in other profession' as '-'. The 'Particulars Of Applicant' section shows the following details:

Identification Type	Passport
Identification No.	456789
Salutation	Ms
Full Name as shown in NRIC/FIN/Passport	TESTING ONE
Surname / Family Name	ONE
Preferred Order of Name	-
Name in Chinese Character	-
Gender	Female
Race	Chinese

5.2.6.2 Once done, click on the “Confirm” button at the bottom of the page to continue.

The screenshot shows the 'Allied Health Professions Council' website. The user is logged in as 'TESTING ONE'. The 'Confirmation' tab is selected in the top navigation bar. The page title is 'Application for Registration'. The 'Registration Details' section shows 'Type of Register' as 'Occupational Therapist' and 'I am also trained in other profession' as '-'. The 'Particulars Of Applicant' section shows the following details:

Identification Type	Passport
Identification No.	456789
Salutation	Ms
Full Name as shown in NRIC/FIN/Passport	TESTING ONE
Surname / Family Name	ONE
Preferred Order of Name	-
Name in Chinese Character	-
Gender	Female
Race	Chinese

The 'Declaration' section contains the following text:

(a) impair your ability to practise as an allied health practitioner; or
(b) require conditions and/or restrictions being imposed on your registration?
No

2. Have you ever consulted a psychiatrist or are you currently undergoing psychiatric treatment?
No

3. Are you currently or have you ever been the subject of an inquiry or proceedings by a professional body, health authority or court of law in Singapore or elsewhere, involving or relating to any physical or mental illness suffered by you?
No

4. Are you currently or have you ever been the subject of an inquiry or an investigation by any professional body, licensing authority, health authority or the police, in Singapore or elsewhere, the subject matter of which may form the basis of professional misconduct or any improper conduct which may bring disrepute to the profession in which you are registered?
No

5. Have you, at any time before the submission of this application, ever been convicted in a court of law in Singapore or elsewhere of any offence?
No

I declare that the particulars stated in this application and the documents attached are true and authentic, and the information contained herein remains unchanged to date. To the best of my knowledge and belief, I have not withheld any material fact. I acknowledge that the Allied Health Professions Council shall have the right to withhold and/or terminate my registration and/or take any other action it deems fit, if any of the above information or documents tendered is found subsequently to be false. I am also aware that it is a criminal offence to make any false statements, to provide any false information and/or document(s) to the Allied Health Professions Council. I also understand and give my consent to the Allied Health Professions Council to make any enquiries or obtain any information & documents that it deems appropriate to establish my fitness to practise.

I agree to allow this application including all of the information contained, and declarations set out, in this application to be accessed by prospective employer.
Yes

Confirm

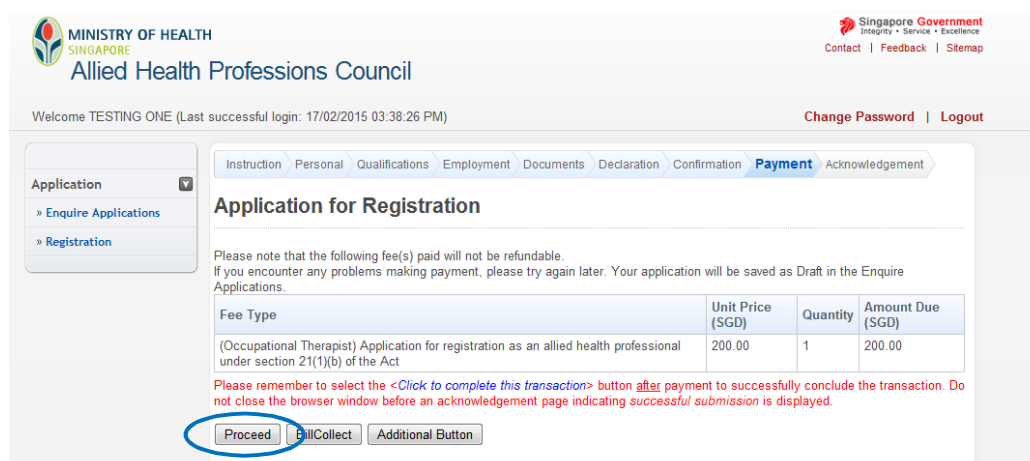
5.2.7 PAYMENT TAB

- 5.2.7.1 For "Payment," please confirm with your employer if they will be making payment for your registration on your behalf. Your employer will have to inform the AHPC that payment will be made on their end **before** you put in the online application. **Please note that if your employer is paying for your registration directly to the AHPC, you should not be able to access the "Payment" tab.**

If you are required to make your own payment, or pay in the first instance and claim from your employer subsequently, please have your eNETS or credit card ready. The AHPC only accepts payments by eNETS and credit card.

Click on "Proceed" to continue. You will be directed to a different site with instructions on how to submit your payment.

Once you have completed the payment process, you will be directed to the "Acknowledgement" tab.



MINISTRY OF HEALTH SINGAPORE
Allied Health Professions Council

Welcome TESTING ONE (Last successful login: 17/02/2015 03:38:26 PM) [Change Password](#) | [Logout](#)

[Instruction](#) [Personal](#) [Qualifications](#) [Employment](#) [Documents](#) [Declaration](#) [Confirmation](#) **Payment** [Acknowledgement](#)

Application for Registration

Please note that the following fee(s) paid will not be refundable.
If you encounter any problems making payment, please try again later. Your application will be saved as Draft in the Enquire Applications.

Fee Type	Unit Price (SGD)	Quantity	Amount Due (SGD)
(Occupational Therapist) Application for registration as an allied health professional under section 21(1)(b) of the Act	200.00	1	200.00

Please remember to select the [Click to complete this transaction](#) button **after** payment to successfully conclude the transaction. Do not close the browser window before an acknowledgement page indicating successful submission is displayed.

[Proceed](#) [BillCollect](#) [Additional Button](#)

5.2.8 ACKNOWLEDGEMENT TAB

5.2.8.1

Congratulations! You have successfully submitted your application.

The “Acknowledgement” tab provides you with your application number for reference. You may wish to print or save this page.

The screenshot shows the AHPC website interface. At the top, the Ministry of Health Singapore logo and the AHPC name are displayed. A navigation bar includes links for Instruction, Personal, Qualifications, Employment, Documents, Declaration, Confirmation, and Payment. The 'Acknowledgement' tab is selected. On the left, a sidebar menu shows 'Application' with sub-links for 'Enquire Applications' and 'Registration'. The main content area, titled 'Application for Registration', contains a message stating that the application for registration was submitted on 17/02/2015. A blue box highlights the application number: 'Your application no. is AHPC-20150217-0004-REG.' Below this, instructions are provided on how to check the application status online using the same User ID and password, and to email stg_admin@ahpc.gov.sg for any queries. A 'Rate this service' link and a 'Print' button are also visible.

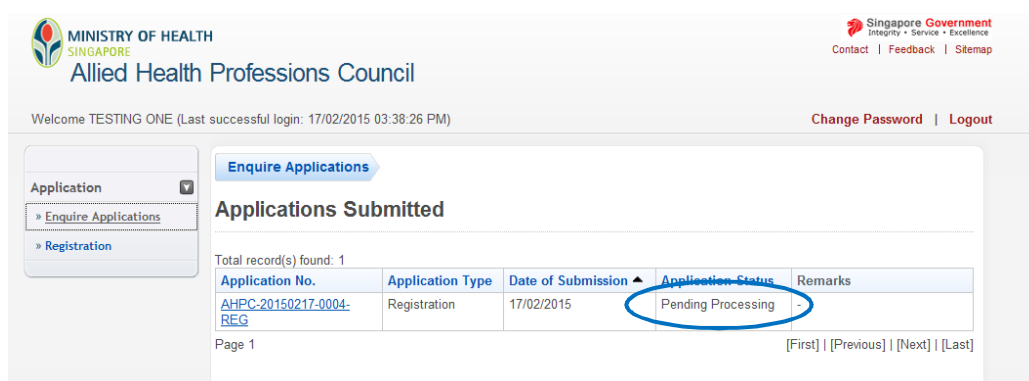
5.2.8.2

After you have successfully submitted your application for registration, you can begin to track the status of your application. You may check on your application status by logging into the system and retrieving your application.

5.3. ENQUIRING ABOUT THE STATUS OF YOUR APPLICATION

You can check the status of your application after retrieving your application. The different application statuses include:

- 5.3.1 **Pending processing:** AHPC has received your application and is in the midst of processing.

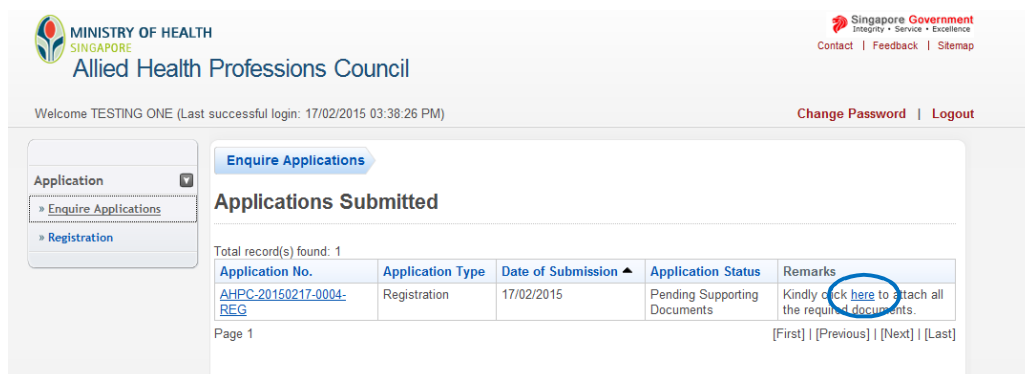


The screenshot shows the AHPC website interface. The header includes the Ministry of Health Singapore logo and the AHPC name. A navigation menu on the left has 'Enquire Applications' selected. The main content area is titled 'Applications Submitted' and shows a table with one record. The 'Application Status' column for this record is 'Pending Processing', which is circled in blue. The table also shows the application number, type, and submission date.

Application No.	Application Type	Date of Submission	Application Status	Remarks
AHPC-20150217-0004-REG	Registration	17/02/2015	Pending Processing	-

5.3.2 Pending supporting documents: Additional documents are required from you in order to continue processing your application.

To find out which documents are pending and to upload these documents to your application, Go to the remarks column, and click “Here”.



MINISTRY OF HEALTH SINGAPORE Allied Health Professions Council

Welcome TESTING ONE (Last successful login: 17/02/2015 03:38:26 PM)

Enquire Applications

Applications Submitted

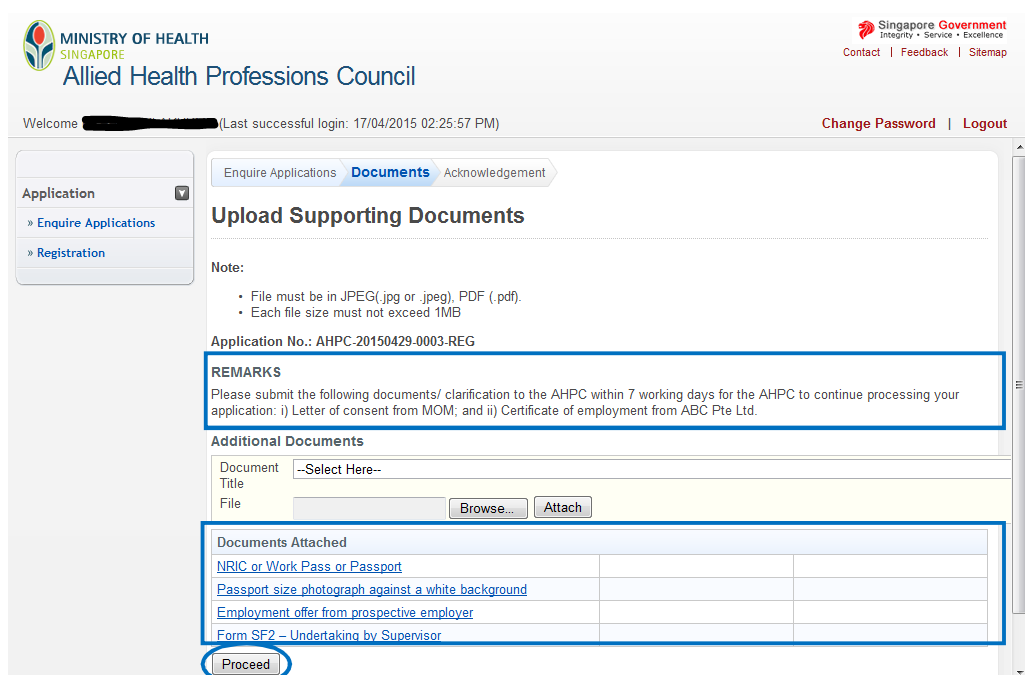
Total record(s) found: 1

Application No.	Application Type	Date of Submission	Application Status	Remarks
AHPC-20150217-0004-REG	Registration	17/02/2015	Pending Supporting Documents	Kindly click here to attach all the required documents.

Page 1 [First] | [Previous] | [Next] | [Last]

5.3.3 Under “Remarks” the AHPC will indicate the necessary documents to be uploaded so that we may continue to process your application. If you had not submitted all the necessary documents, the missing ones will be indicated.

Please upload all your missing documents together if more than 1 document has been requested for. Once done, click on the “Proceed” button.



MINISTRY OF HEALTH SINGAPORE Allied Health Professions Council

Welcome [redacted] (Last successful login: 17/04/2015 02:25:57 PM)

Enquire Applications Documents Acknowledgement

Upload Supporting Documents

Note:

- File must be in JPEG(.jpg or .jpeg), PDF (.pdf).
- Each file size must not exceed 1MB

Application No.: AHPC-20150429-0003-REG

REMARKS

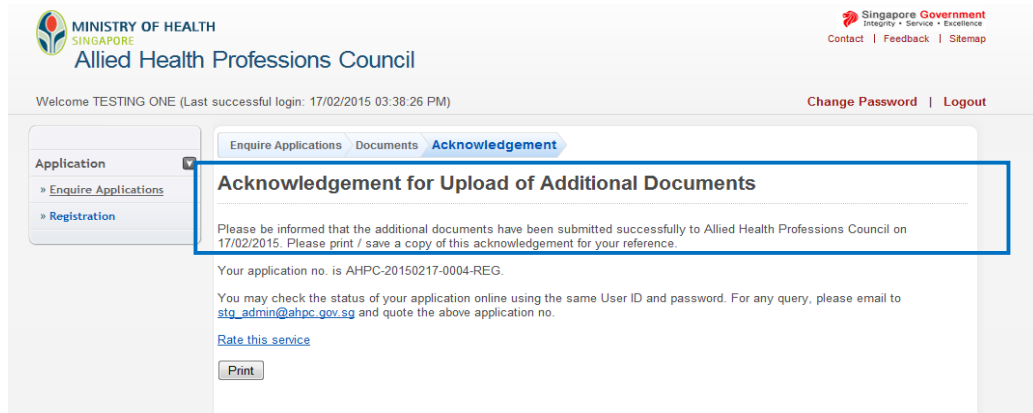
Please submit the following documents/ clarification to the AHPC within 7 working days for the AHPC to continue processing your application: i) Letter of consent from MOM; and ii) Certificate of employment from ABC Pte Ltd.

Additional Documents

Document Title	File
NRIC or Work Pass or Passport	
Passport size photograph against a white background	
Employment offer from prospective employer	
Form SF2 – Undertaking by Supervisor	

[Proceed](#)

- 5.3.4 If you have successfully uploaded the pending documents, you will receive a notification that your documents have been submitted successfully to the AHPC. You will also receive an email notification. The status of your application will then be updated to, "Pending processing."



5.4. POSSIBLE REGISTRATION OUTCOMES

- 5.4.1 **Pending Registration:** The AHPC has received all your documents and is in the midst of seeking approval.

Once the approval has been received, you will receive an e-mail from the AHPC informing you of the outcome of your application. This email will also include an appointment to collect your registration certificate.

- 5.4.1. a You will need to make payment for your practicing certificate. The PRS will indicate that you have to “Pay Outstanding Fee.” The fees include your application for a practicing certificate and practicing certificate fee. **It is important to note that you should make payment after receiving the outcome email and before you come down to the AHPC to collect your registration certificate.**

Please click on “Pay Outstanding Fee” to make your payment via credit card or E-NETS. You will be directed to a different site with instructions on how to submit your payment.

MINISTRY OF HEALTH SINGAPORE Allied Health Professions Council

Welcome TESTING ONE (Last successful login: 17/02/2015 03:38:26 PM)

Change Password | Logout

Enquire Applications

Application

- » Enquire Applications
- » Registration

Applications Submitted

Total record(s) found: 1

Application No.	Application Type	Date of Submission	Application Status	Remarks
AHPC-20150217-0004-REG	Registration	17/02/2015	Pending Registration	Pay Outstanding Fee

Page 1 [First] | [Previous] | [Next] | [Last]

- 5.4.1. b Successful payment will bring you to the confirmation page below. Please save or print a copy of the receipt for your reference. Please note that receipts can only be downloaded 5 days after payment has been made. Once payment is completed, please come down to the AHPC on your appointment date to complete your registration process.

MINISTRY OF HEALTH SINGAPORE Allied Health Professions Council

Welcome TESTING ONE (Last successful login: 17/02/2015 03:38:26 PM)

Change Password | Logout

Payment Acknowledgement

Payment for AHPC-20150217-0004-REG

Please be informed that your payment request Application for a practising certificate (or for renewal thereof) under section 23(2) of the Act&(Occupational Therapist) Practising fee under regulation 12(2) has been submitted to Allied Health Professions Council on 17/02/2015. Please print/save a copy of this receipt for your reference.

Your Bill Reference no. is AHPC-TX1502170008

You may check the status of the payment online using the same User ID. and password. For any query, please email to stg_admin@ahpc.gov.sg and quote the above receipt no.

Print

5.4.2 **Approved:** Your application for registration has been approved.

To complete the registration process, you will need to come down to our office to collect your registration certificate. The “Approved” status will be reflected after you have collected your registration certificate.



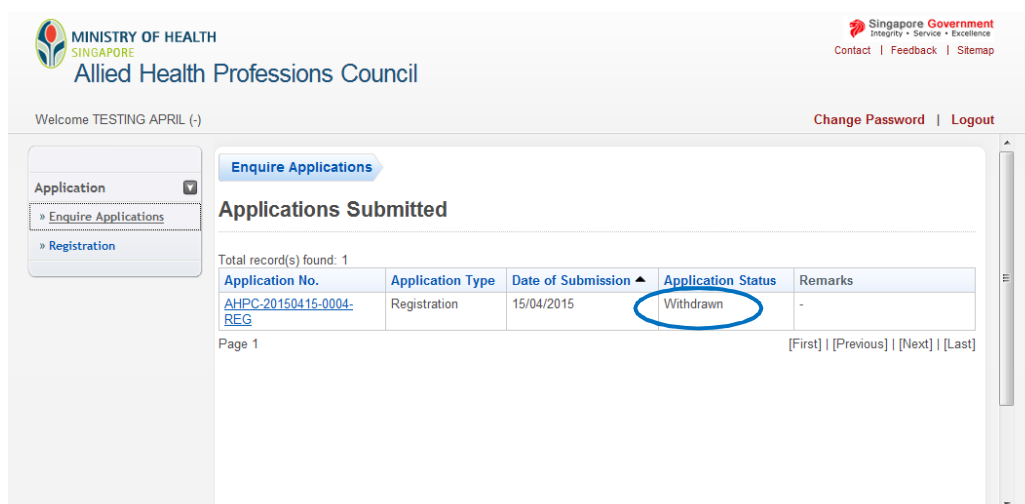
The screenshot shows the AHPC website interface. The header includes the Ministry of Health Singapore logo and the AHPC name. A navigation menu on the left lists 'Application', 'Enquire Applications', and 'Registration'. The main content area is titled 'Applications Submitted' and shows a table with one record. The 'Application Status' column for the record is circled in blue, indicating 'Approved'.

Application No.	Application Type	Date of Submission	Application Status	Remarks
AHPC-20150217-0004-REG	Registration	17/02/2015	Approved	-

5.4.3 **Withdrawn:** Your application for registration has been withdrawn.

Applications for registration may be withdrawn if pending documents have not been submitted by the stipulated deadline. Deadlines for submission would have been indicated in letters of reminder sent to you.

Please note that once your application has been withdrawn, you will need to submit a new application and incur fresh application fees if you wish to be registered with the AHPC. Applications with the “Withdrawn” status are also not eligible for a refund.



The screenshot shows the AHPC website interface. The header includes the Ministry of Health Singapore logo and the AHPC name. A navigation menu on the left lists 'Application', 'Enquire Applications', and 'Registration'. The main content area is titled 'Applications Submitted' and shows a table with one record. The 'Application Status' column for the record is circled in blue, indicating 'Withdrawn'.

Application No.	Application Type	Date of Submission	Application Status	Remarks
AHPC-20150415-0004-REG	Registration	15/04/2015	Withdrawn	-

5.4.4 **Rejected:** Your application for registration has been rejected.

You did not meet the criteria for registration and your application has been rejected.

Any person who is refused registration by the AHPC may, within 30 days of the notice given, submit a written appeal to the Minister for Health whose decision shall be final. The appeal should be sent to:

Minister for Health
Ministry of Health
16 College Road
College of Medicine Building
Singapore 169854

The screenshot displays the AHPC Singapore website interface. At the top, the logo for the Ministry of Health and the AHPC is visible, along with the Singapore Government tagline. A navigation bar includes links for 'Contact', 'Feedback', and 'Sitemap'. The user is logged in as 'TESTING MARCH (-)' and has options to 'Change Password' or 'Logout'. On the left, a sidebar menu shows 'Application' with sub-links for 'Enquire Applications' and 'Registration'. The main content area is titled 'Applications Submitted' and shows a table with one record. The record's 'Application Status' is 'Rejected', which is circled in blue. The table columns are 'Application No.', 'Application Type', 'Date of Submission', 'Application Status', and 'Remarks'. The record details are: Application No. AHPC-20150415-0008-REG, Application Type Registration, Date of Submission 15/04/2015, Application Status Rejected, and Remarks -. The page is identified as 'Page 1' and includes pagination links: [First] | [Previous] | [Next] | [Last].

Application No.	Application Type	Date of Submission	Application Status	Remarks
AHPC-20150415-0008-REG	Registration	15/04/2015	Rejected	-

6. FAQs

6.1 HOW TO SAVE YOUR APPLICATION

- 6.1.1 You will find a button labelled "Save as Draft" at the bottom of the "Form" pages for both "Update Particulars" and "Renewal of PC" application. The "Save as Draft" button can also be found at the bottom of each page of the online application for registration form except in the "Documents", "Confirmation", "Payment", and "Acknowledgement" pages.

To save your progress, scroll to the bottom of the page and click the "Save as Draft" button.

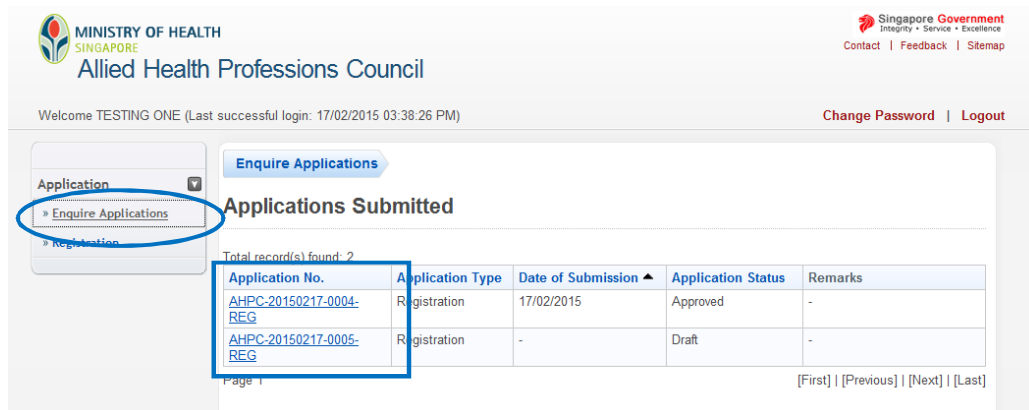
Please note that you will be logged out of the system if it has been idle for 30 minutes. All your inputs will be lost if you did not save your progress. To prevent losing your work, please remember to save your application often.

The screenshot displays the online application interface for the Allied Health Professions Council. The header includes the Ministry of Health Singapore logo and the council's name. A welcome message for 'TESTING ONE' is shown, along with a 'Change Password' and 'Logout' link. The left sidebar contains navigation options: 'Application' (selected), 'Enquire Applications', and 'Registration'. The main content area contains several form sections: 'Address Line 4' and 'Contact No.'; 'Preferred mailing address' and 'Principal Practice Place Address'; 'Information On Spouse' with fields for Full Name, Nationality, and Occupation; 'If Spouse is working in Singapore' with fields for Company Name, Postal Code, Block/House No., Level - Unit No., Street Name, and Building Name; and 'If Spouse is a registered healthcare professional in Singapore' with fields for Singapore Health Professional Entities, Registration No. / Identification No., and a question about intent to apply for registration. At the bottom of the form, the 'Save as Draft' button is circled in blue, next to a 'Proceed' button.

6.2 RETRIEVING YOUR APPLICATION

- 6.2.1 To retrieve your application, please log into the PRS and click on the “Enquire Applications” option on the left side of the screen. Then click on the application you wish to retrieve.

Please note that you will not have the option to delete any draft applications. The system will automatically delete incomplete applications after 30 days.

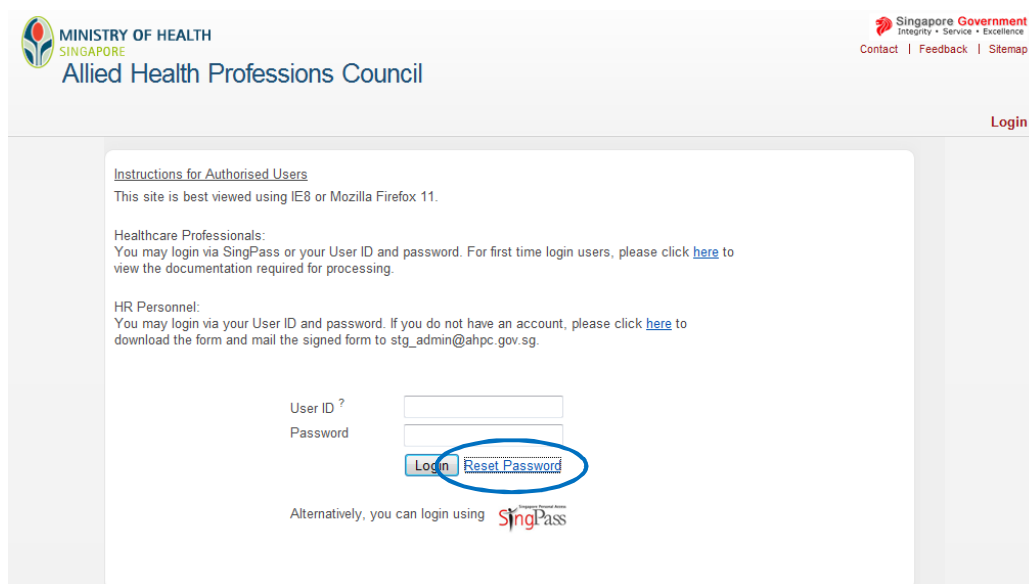


The screenshot displays the AHPC PRS interface. The left sidebar contains a menu with 'Enquire Applications' highlighted. The main content area shows a table of submitted applications. The table has columns for Application No., Application Type, Date of Submission, Application Status, and Remarks. Two records are listed: one approved and one draft.

Application No.	Application Type	Date of Submission	Application Status	Remarks
AHPC-20150217-0004-REG	Registration	17/02/2015	Approved	-
AHPC-20150217-0005-REG	Registration	-	Draft	-

6.3 WHAT IF I LOSE MY PASSWORD?!

- 6.3.1 Please click on the “Reset Password” link beside the Login button to have your reset password sent to the email you have provided in your application for registration.



MINISTRY OF HEALTH
SINGAPORE
Allied Health Professions Council

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Login

Instructions for Authorised Users
This site is best viewed using IE8 or Mozilla Firefox 11.

Healthcare Professionals:
You may login via SingPass or your User ID and password. For first time login users, please click [here](#) to view the documentation required for processing.

HR Personnel:
You may login via your User ID and password. If you do not have an account, please click [here](#) to download the form and mail the signed form to stg_admin@ahpc.gov.sg.

User ID ?

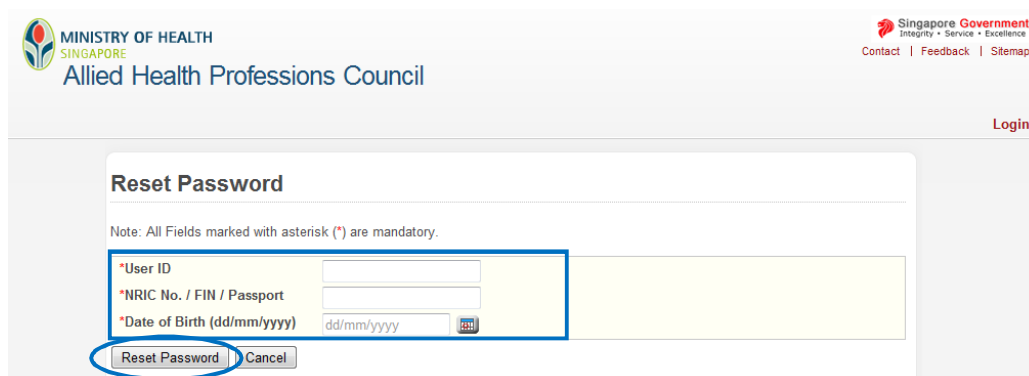
Password

Login Reset Password

Alternatively, you can login using SingPass

- 6.3.2 You will have to complete 3 fields in order to reset your password. Please have on hand your NRIC number/ FIN number/ Passport number, date of birth and your AHPC user ID. Your user ID is your registration number with the AHPC and can be found on your registration certificate or practicing certificate. If you have lost your user ID, please contact the AHPC at AHPC@spb.gov.sg.

After you have completed the 3 mandatory fields, please click on “Reset Password”.



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Login

Reset Password

Note: All Fields marked with asterisk (*) are mandatory.

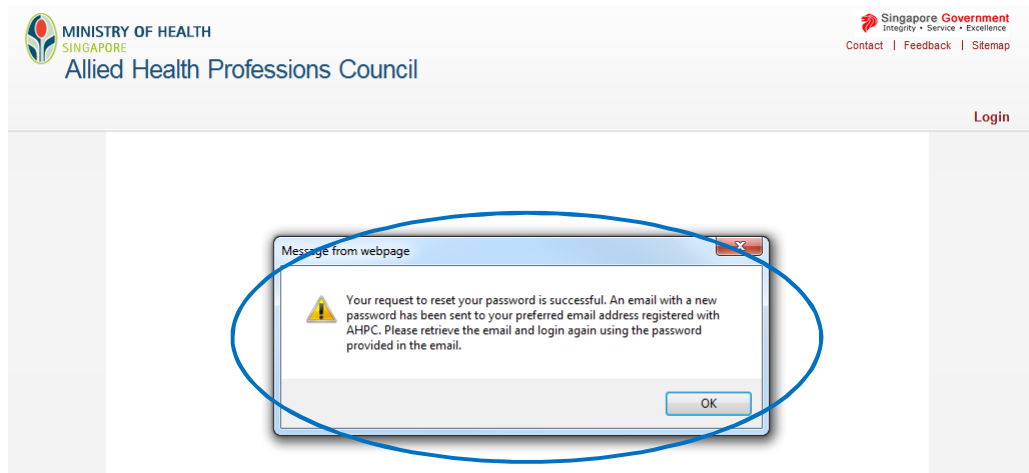
*User ID

*NRIC No. / FIN / Passport

*Date of Birth (dd/mm/yyyy)

Reset Password Cancel

- 6.3.3 A pop-up window will appear to inform you that an email with a new password has been sent to your preferred email address. Clicking “OK” will bring you back to the Log-in page.



6.4 MISCELLANEOUS

Q: What happens if I do not receive my new practising certificate before my existing one expires?

A: You cannot practise without a valid practicing certificate. If you have not received your new practicing certificate, you will have to stop practicing until your application to renew PC has been approved. If your application status is still indicated as "Pending Processing" or "Rejected" after your existing PC expires and you have not heard from the Secretariat, please contact us at AHPC@spb.gov.sg.

Q: Which PC Type should I choose? Full-fee (1 year) or Full-fee (2 years)?

A: If you are an allied health practitioner under full registration or restricted registration who intends to keep working in Singapore, you may wish to consider selecting the Full-fee (2 years) option. This will allow you to save SGD 20 on the yearly renewal fee.

However if you are an allied health practitioner under temporary or conditional registration who does not intend to maintain your practice in Singapore, you should select the option most aligned with your contracted employment period in Singapore.



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