

Guide to Apply for CPE Provider Accreditation

March 2024

Pre-guide Information

- Organisations should already assign a staff holding the role as an Administrator. Details of the Administrator is required to be submitted as part of the application. The role of an Administrator will be the point of contact with the AHPC and be in-charge of managing the users within the CPE Provider account.
- Please prepare the following information which will be required for your application:
 - a) Details of the organisation including address and UEN.
 - b) Personal particulars of the Administrator including NRIC, name, phone number and email address.
 - c) Personal particulars of the Operational users* including NRIC, name, phone number and email address. (The addition of Operational users can also be done after the application for CPE Provider accreditation has been approved)

*Multiple Operational users are allowed to be added but only one Administrator is allowed.

ALLIED HEALTH PROFESSIONS COUNCIL

Visit the AHPC's website at
www.ahpc.gov.sg and click on
the "Login" button which can be
found on the left menu of the
AHPC's homepage.



Welcome to the AHPC

The Allied Health Professions Council is established by the Allied Health Professions Act 2011 to regulate the allied health professions in Singapore. Its key purpose is to protect public interest through regulating the professional standards for practice, conduct & ethics of registered allied health professionals in Singapore.



| | 32 | The allied health professions comprise diverse groups of healthcare professionals | | |
|--|---|---|--|--|
| | Becoming a Registered Allied Health Professional | Audiologists, Clinical Psychologists, Dietitians, Occupational Therapists, Physiotherapists, Podiatrists, Prosthetists/Orthotists, Radiation Therapists, Radiographers, Speech-Language Therapists, and others | | |
| | Information for Registered Allied Health Professionals | The Allied Health Professions Council (AHPC) is a professional board under the Ministry of Health which governs and regulates the professional conduct and ethics of | | |
| | Application for Restoration | registered allied health professionals, in accordance to the Allied Health Professions (AHP) Act 2011. The AHPC's functions include the registration and issuing of practicing certificates to registered allied health professionals, setting of standards for training, conduct and practice; as well as to maintain the Register of Allied Health Professionals in Singapore. The allied health professions that are regulated under the Allied Health Professions Act 2011 at this time are Occupational Therapists, Physiotherapists, Speech- Language Therapists, Diagnostic Radiographers and Radiation Therapists. | | |
| | Lodging a Complaint | | | |
| | Feedback / Frequently Asked Questions | | | |
| | Search | | | |
| | PROFESSIONALS | Orcular on Implementation of Continuing Professional Education for Allied Health Professionals | | |
| | FOR ALLIED HEALTH PROFESSIONALS AND PROVIDERS | 28 Feb 2024 16:30 | | |
| | | Dear Allied Health Professionals IMPLEMENTATION OF CONTINUING PROFESSIONAL EDUCATION FOR ALLIED | | |
| | FOR ALLIED HEALTH PROFESSIONALS REGISTRATION | >> more | | |

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Resize Text: 🔝 🔝



button for "CPE Provider".

You will be re-directed to

the login page for CPE

Providers.



MINISTRY OF HEALTH Allied Health Professions Council





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3. To submit an

application to be accredited as a <u>new</u> CPE Provider, please

click on the link as

indicated in the image.







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- 4. Complete the online
- application and proceed to the
- "Acknowledgement" tab. Note
- that payment is not required to
- apply for accreditation as a CPE
- Provider.
- You will receive an email once your application has been submitted successfully and
- approved.



Application Documents Confirmation Payment Acknowledgement

Application for Accreditation of Provider

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

Provider Information

| *Provider Type | Select Here 🗸 | | | | | |
|--------------------|---------------|--|--|--|--|--|
| *Organisation Type | Select Here | | | | | |
| *Organisation | Select Here ➤ | | | | | |
| Department / Ward | Select Here ➤ | | | | | |
| Website URL | | | | | | |
| Additional Remarks | | | | | | |
| | | | | | | |
| | | | | | | |
| Provider Address | | | | | | |
| *Postal Code | | | | | | |
| Block/House No. | | | | | | |
| Level - Unit No. | | | | | | |
| Street Name | | | | | | |
| Building Name | | | | | | |
| | | | | | | |

Account Holder Details

| Name | Designation | Email Address | Role | Delete |
|--------------------|-------------|---------------|------|--------|
| | | | | |
| Add Account Holder | | | | |
| Proceed | | | | |