

Guide to Submit Application for Event Accreditation

March 2024

Pre-guide Information

- CPE Providers are required to have the following event details ready before submitting your application:
 - a) Type of event
 - b) Event title
 - c) Target audience
 - d) Start and end date of event
 - e) Event duration
 - f) Venue
- Event details that have been submitted can still be amended later. CPE Providers can write to the AHPC's secretariat via email to request for amendments if required.

Login to PRS

1. 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.



| | 8 | 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 |
| | Lodging a Complaint | training, conduct and practice; as well as to maintain the Register of Allied Health Professionals in Singapore. |
| | Feedback / Frequently Asked Questions | 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. |
| | Search | |
| | FOR REGISTERED ALLIED HEALTH PROFESSIONALS | Orcular on Implementation of Continuing Professional Education for Allied Health Professionals |
| $\overline{}$ | Cogin For Allied Health Professionals and PROVIDERS | 28 Feb 2024 16:30 |
| | | CONTINUING PROFESSIONAL EDUCATION FOR ALLIED |
| | FOR ALLIED HEALTH PROFESSIONALS REGISTRATION | >> more |
| | | |



2. Click on the radio button for "CPE Provider".

You will be re-directed to

the login page for CPE

Providers.







Login to PRS

3. Click on the loginbutton to log in withyour SingPass.

Note that you should already be accredited as a CPE Provider. If not, please refer to the guide to apply for CPE Provider accreditation.





CPE Providers:

If you do not have an account, please click here to submit your application for an online account.



Submission of Events

4. Click on "Manage Events" on the left menu and the page on the right will appear. Click on "New Event".

You will be re-directed to the application page.



Submission of Events

5. Select the event categorytype that you wish to submit,then click on the "Proceed"button.

Category 1A (Pre-approved local events) are events conducted on a regular basis (ie. every few months or annually).

Category 1B (Ad-hoc local events) are once-off events or events being conducted on an irregular basis (ie. once every few years).

| Administration PE Manage Events Manage Claims Enquire CP Applications ayments Proceed Copy details from another event? Proceed Category Proceed A Category Activities Involved A B Application for Accreditation of Event Note: All fields marked with asterisk (*) are mandatory Copy details from another event? Proceed A B Category Activities Involved A B Ad-hoc Local Events | | Category | Event | Documents | Confirmation | Payment | Acknowledgement |
|--|-------------------------|------------------|----------|----------------|-----------------|-------------|-----------------|
| Anage Events Manage Claims Enquire CP Applications Ayments Application for Accreditation of Event Activities Involved Activiti | dministration 🛛 🔁 | | | | | | |
| Manage Events Manage Claims Enquire CP Applications ayments Copy details from another event? Yes No *Category -Select Here A Category Activities Involved A Pre-approved Local Events Ad-hoc Local Events | PE 🔽 | Applica | tion | for Acc | creditati | on of l | Event |
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| Copy details from another event? Yes *Category *Category Activities Involved 1A 1B Ad-hoc Local Events | Manage Claims | Note: All fields | s marke | d with asteris | sk (*) are mano | datory | |
| ayments *Category Select Here ▼ Proceed 1A 1B Category Activities Involved 1A 1B 1B Ad-hoc Local Events | Enquire CP Applications | Copy details | s from a | another eve | nt? OYes | s 🔍 No | |
| Category Select Here Proceed 1A 1B Activities Involved 1A Pre-approved Local Events 1B Ad-hoc Local Events | ayments 🗈 | | | | | | |
| Proceed 1A 1B Category Activities Involved 1A Pre-approved Local Events 1B Ad-hoc Local Events |) | *Category | | | Sele | ect Here ▼ | |
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| 1B Ad-hoc Local Events | | | | | Pre-app | roved Local | Events |
| | | 1B | | | Ad-hoc L | Local Event | s |
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Submission of Events

- 6. Fill in the details of the event and click on the "Proceed" button to progress along the application form.
- Note that you must reach the
- "Acknowledgement" tab to ensure that the application is submitted successfully and to receive the application number.

Application for Accreditation of Event

| Provider Details & Add | ress | |
|------------------------|---|--|
| Provider Type | Accredited | |
| Organisation Type | Private Hospital | |
| Organisation | UAT_CPE_ORG_TEST1 | |
| Department/Ward | - | |
| Address | 20 CACTUS DRIVE GRANDE VISTA SINGAPORE 809692 | |
| | | |

Contact Person(s)

| S/N | Name | Telephone No. | Email Address |
|-----|------|---------------|---------------|
| *1 | | | |
| 2 | | | |

| Event Details | | | |
|---|---|-------------|---------------------|
| Category *Event Specialty | 1A Diagnostic Radiographer Occupational Therapist | >> | • |
| *Aesthetic | Is the activity related to aesthetic practice? | | |
| *Type of Event | Select Here V | | Lump Sum Attendance |
| *Event Title | | | |
| *Target Audience | Medical Officers Specialists Others | >> | * * |
| Target Audience Specialty | Diagnostic Radiographer Occupational Therapist Others | >> | * |
| *Start Date | dd/mm/yyyy | *Start Time | hh : mm |
| *End Date | dd/mm/yyyy | *End Time | hh : mm |
| *Event Duration excluding break in between session Frequency | Select Here V | | |
| *Venue | | | |
| Event URL | | | Display in Calendar |
| Previous Event ID | | | |
| Copied from Event ID Additional Remark | | | |
| Save Proceed | | | |