

### Form RR5

AHPC-2111-ARPC-01

#### APPLICATION / RENEWAL\*\* FOR PRACTISING CERTIFICATE

**Important Note:** Incomplete application or application submitted without application fee will not be processed. The processing time for each application will take about 2 weeks, provided that application and all required information are in order as determined by the Allied Health Professions Council (AHPC).

**INSTRUCTIONS TO APPLICANT:**

1. Fill in all sections of the Application Form clearly in blue/black ink and capital letters.
2. The completed Application Form (original) with an application fee<sup>1</sup> shall be forwarded to the AHPC through the employer/prospective employer in Singapore.

<sup>1</sup> The prescribed application fee of SGD140 for per year part thereof is non-refundable and may be paid via PayNow. Instructions will be given upon receipt of application form

**\*\*Important Note:** Renewal of practising certificate shall be made no later than 30 days before the expiration of your current practising certificate. A late application fee of SGD 100 shall be charged for late renewals.

Please tick the relevant box you are applying for:

New Practising Certificate

Renewal of my Practising Certificate

#### (I) PERSONAL PARTICULARS OF APPLICANT

1. Salutation (eg. Professor, Dr, Mr, Mrs, Ms)	2. Full name as shown in NRIC / Work Pass / Passport* (Please underline Family Name)
3. AHPC Registration Number	4. Type of Profession <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Speech-Language Therapist
5. Residential Address in Singapore (Please include Postal Code)	
6. Telephone Number  _____ (Home)  _____ (Mobile)	7. Email Address

*\*delete whichever is not applicable*

## (II) WORK EXPERIENCE OF APPLICANT

Current or Prospective Employment in Singapore		
8. Name and Address of Employer		
9. Address of Principal Place of Practice		
10. Tel (Office)	11. Fax (Office)	12. Job Title / Appointment of Applicant
13. Status of Employment		
<input type="checkbox"/> Working Full-time <i>(Minimum 40 hours per week)</i>		
<input type="checkbox"/> Working Part-time <i>(Please specify sessions/hours per week)</i> _____		

## (III) DECLARATION BY APPLICANT

14. Please answer all questions. If you have answered "yes" to any of the questions, please provide full details and attach supporting documents where applicable.		
(i) Have you been:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) a convicted by any court of law whether in Singapore or elsewhere, of any offences?; or (b) the subject of adverse finding(s) in proceedings before any professional body or tribunal whether in Singapore or elsewhere*?  <i>*excluding adverse finding(s) under the Allied Health Professions Act of Singapore which AHPC is already aware of</i>		
(ii) Are you currently the subject of any proceedings, inquiry or investigation, by any authority/institution (including educational institution*), professional or regulatory body, licensing or health authority, the police, or any other law enforcement agency, in Singapore or elsewhere (but excludes proceedings, inquiry or investigation under the Allied Health Professions Act of Singapore, which AHPC is already aware of), the subject matter of which may give rise to concerns relating to professional misconduct, your professionalism and/or your behaviour which may affect your suitability and fitness to practise in the profession.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>*examples of concerns that could arise during your education include cheating, plagiarism, theft, falsifying documents, reports or records, assault, harassment and drug or sexual offences.</i>		
(iii) Are you currently the subject of an inquiry or proceedings by a professional body, Health Authority or court of law in Singapore or elsewhere (excluding such inquiry or proceedings under the Allied Health Professions Act of Singapore, which AHPC	<input type="checkbox"/> Yes	<input type="checkbox"/> No

is already aware of), involving or relating to any physical or mental illness suffered by you?		
(iv) Are you suffering from any physical or mental illness or any other condition which may impair your fitness to practise as an allied health professional?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(v) I declare that the particulars stated in this application and the documents attached are true, correct and complete and the information contained herein remains true, correct and complete to date. I undertake to inform AHPC of any data discrepancy (e.g. inaccurate/outdated data) and I am aware that I may be asked to provide more information to the AHPC, if necessary. I am aware that the AHPC may refuse to grant me a new PC and that I may be liable to be prosecuted under section 35(1)(a) of the Allied Health Professions Act (AHPA) for knowingly making any false or fraudulent declaration or representation, whether in writing or otherwise to the AHPC.		
(vi) I acknowledge that the AHPC reserves all rights to receive, collect and/or transmit the above personal data to other authorities or agencies if required to do so for the purpose of carrying out its duties under the AHPA and/or for compliance with any other Acts and subsidiary legislations. I also acknowledge that AHPC is not liable for any damage or loss caused to me in the course of my using the Professional Registration System (PRS) due to data errors in the personal data I provide. The personal data collected will be kept in the strictest confidence and access restricted only to authorised persons. To safeguard all personal data, all electronic storage and transmission of personal data are secured through appropriate security technology.		
<p>_____</p> <p>Signature of Applicant</p>		
<p>_____</p> <p>Date</p>		

<< END >>

FOR OFFICIAL USE:		
Date Received:	Bank:	Cheque / Cashier's Order No.:
Practising Certificate Serial Number:		Valid Till: