

<p>APPLICATION FORM FOR ADMINISTRATOR (HUMAN RESOURCE) USER ACCOUNT</p>
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IMPORTANT NOTE FOR APPLICANT:

Please complete this form and submit it via e-mail to the Allied Health Professions Council (AHPC). The standard processing time for each application is seven working days. You will be informed via email on the outcome of your application.

Name :		
NRIC / FIN No :		
Name of Employing Organisation :		UEN No:
Designation :		
Office no :	Fax no :	Mobile no :
Email Address :		
<p>I confirm that I have been authorized by my employing institution (as stated above) to apply as an authorized user of the Professional Registration System. I also undertake to inform AHPC immediately should I cease to be an employee of the above-mentioned organization.</p>		
Signature of applicant :		Date :
For Official Use		
Date Received :		
Account Creation Date :		
Created By :		
Date Emailed to Applicant :		