

AHPC Ref: 5.8

Circular Number: 1309-C01

Date: 28 October 2013

To: All Occupational Therapists, Physiotherapists and Speech-Language Therapists

APPLICATIONS FOR REGISTRATION WITH THE ALLIED HEALTH PROFESSIONS COUNCIL (FOR INFORMATION)

The Allied Health Professions Council has been receiving registration applications since registration commenced in April 2013, and noted that many applications received were incomplete, and thus could not be processed. This has resulted in significant delays in the processing of applications. Regardless, the Council's secretariat had followed-up with the applicants regarding the incomplete information or documents provided given the mass registration exercise. All applicants who have yet to apply for registration are reminded to ensure that their applications, necessary supporting documents, and fees are in order prior to submitting to the Council.

Key points to note prior to submitting registration applications to AHPC

2 The following highlights the key areas for applicants to take note of prior to submitting the applications to AHPC:

- a. All sections of the Registration Application form must be completed, and required supporting documents¹ and fees must be submitted together to the AHPC Secretariat. Incomplete applications will not be processed.
- b. For therapists with no prior working experience as therapists in Singapore, the **Undertaking by Supervisor (SF2)** form must be included. The supervisors' details (qualifications and years of practice experience in Singapore) must also be provided in **Section A** of SF2 in the field for registration number if a registration number is not yet available for the supervisor.

¹ The necessary supporting documents are listed in the Application Form. Arrangements should be made for **Letters of Verification (LV)**, **Transcripts** and/or **Certificates of Good Standing (CGS)** for a new hire to be sent directly from the source to the Council. The applicants should produce documented proof of such requests made by the applicant or HR personnel to the relevant sources and include these as supporting documents at the point of applying for registration. There will be no reminders sent to applicants regarding arrangements to be made for LVs and CGS.

- c. For therapists who are in employment,
 - i. Instead of a letter of appointment, a Certificate of Service from the current employer must be included.
 - ii. For such therapists with less than one year of professional practice experience in Singapore as at 15 April 2013, an **SF2** must be submitted. The **SF3** for the supervision period completed (if applicable) should also be submitted with the registration application.
- d. For therapists who are self-employed or working as locums,
 - i. Instead of a Certificate of Service from an employer, references from two healthcare professionals, who had worked with the therapist, are required.
 - ii. The reference(s) should include information on referee's designation, period he has worked with the referee, nature of work and an assessment of the therapist work performance and professionalism. The name of the referee and contact details should also be available.
 - iii. Arrangements must be made for the written references to be sent directly to the Council's secretariat from the referees.

Please refer to **Appendices A, B and C** for the **SF2 form, Certificate of Service (template)** and **List of supporting documents required for existing therapists**, respectively. The **SF3** for the specific profession can be downloaded from the AHPC website.

Waiver of fees

3 The Council will be remitting/waiving practising certificate fees for administrative reasons as follows:

- a. Remission of S\$140 for existing Full and Restricted Registrants whose registration applications are approved before 31 December 2013 due to the alignment of Practising Certificate expiry dates to 31 December 2015;
- b. Waiver of S\$140 for Conditional and Temporary Registrants who are given an additional 3 months in the duration of their Practising Certificate above their supervised practice period;
- c. Waiver of \$140 for Conditional and Temporary registrants who are converting to other registration categories if they are granted a Practising Certificate period of more than 24 months due to the alignment of Practising Certificate period for mass renewal.

Important update on the start work date for therapists

4 When registration commenced, there were several new therapists and employers who had already made arrangements for such therapists to start work on specified dates soon after registration commenced, and whose registration applications could not be completed prior to them starting work. To prevent disruption to services, Council had made an exception in those cases to allow such therapists to start work on the proviso that their applications were made as soon as possible.

5 With registration having commenced for more than 3 months, such exceptions will **no longer be allowed**. As of 2 September 2013,

- a. Therapists who were not practising in Singapore **immediately before 15 April 2013** must **NOT** start work as therapists until they have received their registration outcome, and have applied and paid for their Practising Certificates. These include therapists who had prior professional practice experience in Singapore but were not practising immediately before 15 April 2013.
- b. Therapists who were practising in Singapore but did not apply for registration during the grace period as they were away from practice (e.g. overseas, sabbatical) are to be registered and have in place a valid practising certificate prior to starting work as therapists when they return to Singapore.

6 If further clarifications are required, please contact the AHPC Secretariat at enquiries@ahpc.gov.sg

Thank you.



**MS ELAINE TEO
REGISTRAR
ALLIED HEALTH PROFESSIONS COUNCIL**

APPENDIX A

AHPC-1304-LU-01

**FORM SF2
UNDERTAKING BY SUPERVISOR**

INSTRUCTIONS:

1. This form is to be completed by all supervisor(s) assigned by the employer to supervise the Conditionally or Temporarily registered allied health professionals.
2. This form must be submitted to the Allied Health Professions Council (AHPC) at the time of registration application of an allied health professional with less than 1 year or no professional practice experience in Singapore; or when there is a change in the supervisor assigned by the employer.
3. Section B of this form must be acknowledged by the Head of Department.
4. The completed form must be sent by the employing institution to the Council at the following address:

Registrar
Allied Health Professions Council
16 College Road, #01-01
College of Medicine Building
Singapore 169854

SECTION (A) : TO BE COMPLETED BY THE SUPERVISOR

Profession:

Occupational Therapist Physiotherapist Speech-Language Therapist

Name of Supervisor: _____

Registration No (if available): _____

Designation: _____

Institution and Department: _____

Practice Address: _____

Email address: _____ Contact No: _____

I will be the Primary / Secondary supervisor for:

Name: _____

Designation: _____

Institution and Department: _____

Practice Address: _____

Period of Supervision: Start date _____ (DD/MM/YY) –
End date _____ (DD/MM/YY)

Supervision Level: L1 / L2 / L3

Current list of supervisees under my supervision:

| | |
|-----------------------|--|
| i. _____ (Name) | <input type="checkbox"/> Conditional / <input type="checkbox"/> Temporary <input type="checkbox"/> L1 / <input type="checkbox"/> L2 / <input type="checkbox"/> L3 |
| ii. _____ (Name) | <input type="checkbox"/> Conditional / <input type="checkbox"/> Temporary <input type="checkbox"/> L1 / <input type="checkbox"/> L2 / <input type="checkbox"/> L3 |
| iii. _____ (Name) | <input type="checkbox"/> Conditional / <input type="checkbox"/> Temporary <input type="checkbox"/> L1 / <input type="checkbox"/> L2 / <input type="checkbox"/> L3 |
| iv. _____ (Name) | <input type="checkbox"/> Conditional / <input type="checkbox"/> Temporary <input type="checkbox"/> L1 / <input type="checkbox"/> L2 / <input type="checkbox"/> L3 |
| v. _____ (Name) | <input type="checkbox"/> Conditional / <input type="checkbox"/> Temporary <input type="checkbox"/> L1 / <input type="checkbox"/> L2 / <input type="checkbox"/> L3 |
| vi. _____ (Name) | <input type="checkbox"/> Conditional / <input type="checkbox"/> Temporary <input type="checkbox"/> L1 / <input type="checkbox"/> L2 / <input type="checkbox"/> L3 |
| vii. _____ (Name) | <input type="checkbox"/> Conditional / <input type="checkbox"/> Temporary <input type="checkbox"/> L1 / <input type="checkbox"/> L2 / <input type="checkbox"/> L3 |
| viii. _____ (Name) | <input type="checkbox"/> Conditional / <input type="checkbox"/> Temporary <input type="checkbox"/> L1 / <input type="checkbox"/> L2 / <input type="checkbox"/> L3 |
| ix. _____ (Name) | <input type="checkbox"/> Conditional / <input type="checkbox"/> Temporary <input type="checkbox"/> L1 / <input type="checkbox"/> L2 / <input type="checkbox"/> L3 |

I _____ (name) declare that the information provided above is true to the best of my knowledge, and I have read the Supervised Practice Guidelines² and Code of Professional Conduct issued by the Allied Health Professions Council and undertake to comply with these guidelines.

| | |
|--------------------------------|-------------|
| | |
| SIGNATURE OF SUPERVISOR | DATE |

SECTION (B) : ACKNOWLEDGEMENT BY HEAD OF DEPARTMENT

I confirm that the information provided is true to the best of my knowledge.

| | | |
|-----------------------------|------------------|-------------|
| | | |
| NAME AND DESIGNATION | SIGNATURE | DATE |

² The guidelines are available on AHPC website: <http://www.ahpc.gov.sg>. Please print a hardcopy for your own reference

EXTRACT OF SUPERVISED PRACTICE GUIDELINES

The requirements of a supervisor are:

- a) Registered under Full or Restricted Registration and assigned to new therapists accordingly as outline in Table 1 below
- b) Currently practising
- c) Have 3 years of local clinical practice experience in the profession he is supervising

Table 1: Supervisory Assignment

| Supervisee | Primary Supervisor | Secondary Supervisor |
|-------------------|--|--|
| C (F) registrant | Full registration | Full registration; or Restricted registration for supervision within the restricted scope of the supervisor |
| C (R) registrant | Full registration; or Restricted registration with the same scope of restrictions as supervisee | Full registration; or Restricted registration with the same scope of restrictions as supervisee |
| T Registrant | Full registration; or Restricted registration with the same scope of restrictions as supervisee | Full registration; or Restricted registration with the same scope of restrictions as supervisee |

For the period of L1 supervision, the supervisor must be available on a **full-time**, and **onsite** basis to provide timely and direct supervision.

Supervisor-Supervisee ratio:

| | No. of L1 supervised Therapist | No. of L2 supervised Therapist | |
|-------------------------|---------------------------------------|---------------------------------------|------------------|
| 1 supervisor to: | 0 | 6 | Or Or |
| | 1 | 3 | |
| | 2 | 0 | |



APPENDIX B

Certificate of Service

| | | |
|--|---|---|
| Full name as shown in NRIC/Passport | : | |
| Appointment/Designation | : | |
| Period of Employment (dd/mm/yyyy) | : | |
| Employment Status | : | <input type="checkbox"/> Working Full-time (minimum 40 hours per week) <input type="checkbox"/> Working Part-time Specify sessions/hours per week : _____ |
| Nature of Work (E.g Administration / Clinical Practice / Lecturer/ Educator / Research / Others) Please provide a short description of the work/job scope) | : | |
| Assessment of work performance | : | |
| <p>We, _____ (name of employer) confirm that the information given above is true to the best of my knowledge.</p> <p>Name: _____ Designation: _____</p> <p>Signature: _____ Tel No. / Email Address: _____</p> <p>Company's Stamp: _____ Date: _____</p> | | |

* This should be printed on the employing institution's letterhead.

APPENDIX C

SUPPORTING DOCUMENTS REQUIRED FOR REGISTRATION

(Only for allied health professionals who are currently practising in Singapore)

1) DOCUMENTS TO BE SENT DIRECTLY FROM SOURCE TO THE COUNCIL

The applicant is required to contact the relevant source (e.g. university, regulatory body) for the following documents to be sent DIRECTLY to the Council:

| S/N | Supporting Documents | Remarks |
|-----|---|---|
| 1 | Letter of Verification for basic and postgraduate qualifications ¹ | <p>Applicable to those who graduated from a training programme <u>outside</u> of Singapore.</p> <p>LV must contain:</p> <ul style="list-style-type: none"> - Applicant's name - Date of entry into the course - Date of graduation - Degree / title conferred - Medium of instruction for the course - Duly endorsed by the Dean, Registrar or an authorised officer of the awarding institution <p>For applicants whose employers have conducted source verification before, employers would need to provide Council with information of their source verification process as well as the proof of verification received from the issuing institution.</p> |
| 2 | Certificate of Good Standing (CGS) | <p>Applicable to those who have been practising and registered or licensed in another country within the past 3 years.</p> <p>The CGS must be sent directly from the overseas regulatory authority and must reach the Council within 3 months of its date of issue.</p> <p>It must contain:</p> <ul style="list-style-type: none"> - Applicant's name - Date and type of registration - Registration number - Information on applicant's professional conduct, registration suspension or cancellation, and fitness to practice |
| 3 | Character References | <p>Applicable to those who are <u>self-employed/freelancers</u> whereby a Certificate of Service may not be applicable, please submit <u>Character References</u> from 2 professionals whom you have been working closely with. The Character Reference is to be sent <u>directly</u> to the Council from the referees.</p> <p>The reference(s) should include information on your designation, period you have worked with the referee, nature of work and an assessment of work performance and professionalism. The name of the referee and contact details should be available too.</p> |

¹ Source verification for the post-graduate qualification included in the application form is not required if the qualification is not a qualification to be considered for registration purposes. For example, if your basic professional degree is in the Schedule, and you also have a Masters degree in an advance area of practice within your profession and listed your Masters degree as well, there is no need for source verification of your Masters degree.

2) Documents required from Applicant

| S/N | Supporting Documents | Remarks |
|-----|---|--|
| 1 | Photocopy of NRIC / Work Pass / Passport | For NRIC or Work Pass, photocopies of the front and back are required. For passport, photocopies of the information pages, and pages with photographs are required. |
| 2 | Photocopy of basic and postgraduate qualifications certificates | All certificates/degree or diploma parchments for qualifications entered in the application form must be provided. |
| 3 | Photocopy of results of English Language Proficiency Test | Applicable to those with <u>equal or less than 2 years of practice experience</u> in Singapore, where the medium of instruction of their qualifications / programmes is <u>NOT</u> in English. |
| 4 | Photocopy of Certificate of Registration with other regulatory bodies | If applicable. |
| 5 | Photocopy of Results of Licensing or National Exam | Applicable to those who have taken any licensing or national examination required for registration or licensure purposes in another country. |
| 6 | Photocopy of Results of SPA Exam | Applicable to Physiotherapists who have taken SPA exam from year 1996 to year 2006. |
| 7 | Photocopy of Results of Qualifying Exam | If applicable. |
| 8 | Certificate of Service or Work Testimonial | Required from the current employer. However, for those who are <u>new</u> in their current job, they may submit a copy of Certificate of Service from their immediate past employer. The Certificate of Service must be on the employing institution's letterhead with a date of issue, including the institution's stamp/endorsement, and duly signed by an authorised person of the employing institution. It must contain: - Applicant's name - Appointment and period of employment - Nature of work and assessment of work performance |
| 9 | Letter of offer of employment | Required for therapists returning to practice only. |

3) Documents required from Current Employer

| S/N | Supporting Documents | Remarks |
|-----|---|---|
| 1 | Undertaking by Supervisor (Form SF2) | To be completed by the supervisor(s) assigned by the employer. Applicable to applicants with <u>less than 1 year of practice experience</u> in Singapore. |
| 2 | Form SF3 – Supervisor Assessment Report | Applicable to those with <u>less than 1 year of practice experience as at 15 April 2013</u> and are currently undergoing supervision. |

NOTE:

Any document which is not in English shall be submitted with a certified translation thereof in English, together with the original or certified true copy of the document which is not in English.