

# ELIGIBILITY ASSESSMENT FORM



Please check one of the following:

- ( ) Certified Substance Abuse Counsellor (CSAC)
- ( ) Certified Master Addiction Counsellor (CMAC)
- ( ) Certified Clinical Supervisor (CCS)
- ( ) Certified Gambling Addiction Counsellor (CGAC)
- ( ) Certified Peer Support Specialist (CPSS)

## Personal Particulars

Name (Dr/Mr/Mrs/Ms)  Gender   
\*delete as appropriate

Home Address

Date of Birth  Place of Birth  Citizenship

Race  Marital Status  NRIC/Passport No

Occupation  E-Mail Address   
 Contact No(s)

Place of Work & Address

## Education Information (Attach copies of transcripts/certificates)

Qualification	<input type="text"/>	Institution	<input type="text"/>	Year	<input type="text"/>
Qualification	<input type="text"/>	Institution	<input type="text"/>	Year	<input type="text"/>
Qualification	<input type="text"/>	Institution	<input type="text"/>	Year	<input type="text"/>
Qualification	<input type="text"/>	Institution	<input type="text"/>	Year	<input type="text"/>

## Professional Membership

Status	<input type="text"/>	Institution	<input type="text"/>	Year	<input type="text"/>
Status	<input type="text"/>	Institution	<input type="text"/>	Year	<input type="text"/>
Status	<input type="text"/>	Institution	<input type="text"/>	Year	<input type="text"/>

### FOR OFFICIAL USE ONLY

Date of receipt of application	<input type="text"/>	Statement of "No Abuse"	<input type="text"/>
Transcripts/Certificates	<input type="text"/>	Supervisor's Form	<input type="text"/>
Code of Ethics	<input type="text"/>	Evaluation Fee - \$30	<input type="text"/>

**Employment History** (list in reverse chronological order for the past three[3] years)

Employer, Address, Contact Number

Dates Employed, Duties & Responsibilities















**Courses / Training Attended (candidates must demonstrate that they have obtained a total of 270 training pertaining to substance abuse counselling Employment History)**

Name, Organiser, Date(s), and number of hours for each Course / Training attended

Number of Hours:

Number of Hours:

Number of Hours:

Number of Hours:

Number of Hours:

Number of Hours:

Number of Hours:

Number of Hours:

Number of Hours:

Number of Hours:

Number of Hours:

Number of Hours:

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Number of Hours:

Number of Hours:

Number of Hours:

Number of Hours:

Number of Hours:

Number of Hours:

Number of Hours:

Number of Hours:

**Total of Training Hours:** \_\_\_\_\_

**Agreement**

"I hereby certify that all of the information given herein and on any attachments are true and complete to the best of my knowledge. I also authorize any necessary investigations and the release of personal information to APSAC. I understand that falsification of any portion of this application or attachments may result in the revocation of this application.

I further agree to hold APSAC, staff and examiners free from any civil liability for damages or complaints about any action within the scope and arising out of the performance of their duties and which is taken in connection with this application, the examinations, grades received on examinations, and/or the failure of APSAC to issue me a certificate.

Applicant's Name  Date

Applicant's Signature

Fee Enclosed  Processing fee (\$30)

**You must sign the code of Ethics and Statement of "No Abuse" which are included in this packet. Unsigned or incomplete application will not be processed.**