

INSTRUCTIONS FOR RENEWAL OF CERTIFICATION

CRITERIA FOR RENEWAL OF CERTIFICATION -- EVERY TWO (2) YEARS

1. The applicant must have been certified previously by the Association of Professionals Specialising in Addiction Counselling (Singapore) [APSAC].
2. The applicant must submit a portfolio to APSAC including:
 - A. A completed application form for Renewal of Certification.
 - B. Documentation on the application form, or attached sheet, of the completion of at least forty (40) clock hours of education /training significant to the field of substance abuse counseling and recognised by APSAC. Copies of certificates/ transcripts verifying such training/education must also accompany the application.
 - C. A signed "Code of Ethics" form.
3. All materials for renewal of certification must be received by APSAC thirty (30) days prior to the scheduled date for renewal of certification.
4. Any individual who is certified by APSAC and fails to apply for renewal of certification has a grace period of ninety (90) days to renew his or her certification. Failure to do so will result in the need to apply for original certification.
5. The applicant must agree to personal interview and evaluation, conducted by the Certification Committee, if so requested.
6. The appropriate fees must accompany the application:

Renewal of Certification Fee: S\$80
Late Fees (effective after expiration date of certification): \$30

Please make your cheque payable to "APSAC."
7. Applicants are to note that their certification would lapse if their bad cheques are not replaced within 14 working days from notification.
8. Please send your completed form and your cheque payment to:

APSAC
P.O. Box 16
Bukit Batok Central Post Office
Singapore 916501

RENEWAL OF CERTIFICATION APPLICATION



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

Home Address

Work Address

Occupation E-mail
Contact No (s)

| | | |
|---|--------------------------|---|
| Certification To Be Renewed (tick as appropriate) | <input type="checkbox"/> | Certified Substance Abuse Counsellor (CSAC) |
| | <input type="checkbox"/> | Certified Master Addiction Counsellor (CMAC) |
| | <input type="checkbox"/> | Certified Clinical Supervisor (CCS) |
| | <input type="checkbox"/> | Certified Gambling Addiction Counsellor (CGAC) |
| | <input type="checkbox"/> | Certified Co-Occurring Disorders Professional (CCDP) |
| | <input type="checkbox"/> | Certified Co-Occurring Disorders Professional Diplomate (CCDPD) |

Current Certification Number Expiry Date

Education/Training since Previous Certification(40 contact hours)

(Attach copies of training certificates/transcripts)

| Name, Organiser, Date(s) of Course / Training and number of continuing education hours | Course Description |
|--|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

FOR OFFICIAL USE ONLY

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|----------------|----------------------|--------------------------|----------------------|
| Fee Amount | <input type="text"/> | Transcripts/Certificates | <input type="text"/> |
| Date Received | <input type="text"/> | Total Training Hours | <input type="text"/> |
| Code of Ethics | <input type="text"/> | | |

Education/Training since Previous Certification(40 contact hours)

(Attach copies of training certificates/transcripts)

Name, Organiser, Date(s) of Course / Training and number of continuing education hours Course Description

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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 of 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

Fees Enclosed

You must sign the **Code of Ethics**. Unsigned or incomplete application will not be processed.



CODE OF ETHICS

- 1) The recovery of all persons shall be promoted and assisted by providing the highest quality of care.
- 2) An objective, professional relationship shall be maintained at all times with all clients and clients' families or significant others. A strict policy of non-discrimination because of race, color, religion, age, gender, national ancestry, sexual orientation or economic status shall be adhered to.
- 3) The basic human rights of the client shall be respected, including the clients' right to make their own decisions and to participate in any plans made in their interest.
- 4) When it is in the clients' best interest to refer or to release them to another programme, such referral or transfer shall be effected expeditiously.
- 5) The legal requirements for confidentiality of all records, materials, and communications regarding clients, their families, and significant others, shall be followed. In the absence of such laws, the client shall be informed of situations that require information that identifies the client as a drug abuser to be passed to entities outside the programme.
- 7) Continuing education and training for professional growth shall be maintained.
- 8) Respect for the rights and views of colleagues and members of other professions and other programs shall be demonstrated.
- 9) The certified individual shall give precedence to professional responsibility over personal interests.

"I hereby certify that I have read the Code of Ethics and understand that any violation(s) of the Code constitutes grounds for reprimand, suspension, or revocation. As an applicant, I understand that a violation committed after the date below may result in the denial or revocation of my application."

Applicant's Name

Date

Applicant's
Signature