

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

Title	<input type="text"/>	Name	<input type="text"/>	Gender	<input type="text"/>
Home Address	<input type="text"/>				
Date of Birth	<input type="text"/>	Place of Birth	<input type="text"/>	Citizenship	<input type="text"/>
Race	<input type="text"/>	Marital Status	<input type="text"/>	NRIC/ Passport No.	<input type="text"/>
Occupation	<input type="text"/>	Email Address	<input type="text"/>		
		Contact No.	<input type="text"/>		
Place of Work & Address	<input type="text"/>				

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 *(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 hours pertaining to substance abuse counselling employment history)*

Name, Organiser, Date(s), 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:

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:

Total Number of Training Hours: _____

Agreement

I hereby certify that all 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

	Processing fee (\$30)
--	-----------------------

Please make sure you meet all application criteria before submitting the required forms and documents. Note that the \$30 processing fee is non-refundable, even if the application is unsuccessful.

You must sign the Code of Ethics and Statement of "No Abuse". Unsigned or incomplete application will not be processed.