

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 within the 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 sure you meet all application criteria before submitting the required forms and documents. Note that the \$80 renewal fee is non-refundable, even if the application is unsuccessful.
7. Please send your completed form and proof of payment to:

info@apsac.org.sg

RENEWAL OF CERTIFICATION APPLICATION



Name (Dr/Mr/Mrs/Ms)*			
Home Address			
Work Address			
Occupation		Email Contact Numbers	

Certifications 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 Peer Support Specialist (CPSS)
	<input type="checkbox"/>	Certified Co-Occurring Disorders Professional (CCDP)
	<input type="checkbox"/>	Certified Co-Occurring Disorders Professional Diplomate (CCDPD)

Current Certification Number		Expiry Date	
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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

FOR OFFICIAL USE ONLY

Fee Amount	
Date Received	
Code of Ethics	

Transcripts/ Certificates	
Total Training Hours	

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

"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

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.
6. Continuing education and training for professional growth shall be maintained.
7. Respect for the rights and views of colleagues and members of other professions and other programs shall be demonstrated.
8. 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	
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Applicant's Signature	
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