

APCB RE-CERTIFICATION APPLICATION FORM



<p>NAME:</p> <p><input type="checkbox"/> CERTIFIED SUBSTANCE ABUSE THERAPIST (CSAT)</p> <p><input type="checkbox"/> CERTIFIED MASTER SUBSTANCE ABUSE THERAPIST (CMSAT)</p> <p><input type="checkbox"/> CERTIFIED GAMBLING ADDICTION THERAPIST (CGAT)</p> <p><input type="checkbox"/> CERTIFIED CLINICAL SUPERVISOR (CCS)</p>	<p>REGISTRANT NUMBER:</p> <p>LEVEL:</p>
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ITEM	Remarks
<input type="checkbox"/> TRAINING HOURS LISTED WITH DOCUMENTS ATTACHED TO VERIFY	
<input type="checkbox"/> SIGNED CODE OF ETHICS	
<input type="checkbox"/> PAYMENT	<input type="checkbox"/> BANK TRANSFER: _____ <input type="checkbox"/> CHEQUE: _____ <input type="checkbox"/> USD <input type="checkbox"/> SGD

CHECKED BY: _____

APPROVED BY APCB REGISTRAR: _____ DATE: _____

PLEASE SUBMIT YOUR COMPLETED FORM AND RELEVANT DOCUMENTS VIA MAIL OR EMAIL TO INFO@APCB.ASIA 3 MONTHS BEFORE YOUR CERTIFICATION EXPIRES.

THE RE-CERTIFICATION FEE OF **US\$45** CAN BE PAID THROUGH THE FOLLOWING WAYS:

- TELEGRAPHIC OR FUND TRANSFER TO:**

ACCOUNT NAME : ASIA PACIFIC CERTIFICATION BOARD LIMITED
BENEFICIARY BANK : OVERSEA-CHINESE BANKING CORPORATION LIMITED
 SINGAPORE
BANK ADDRESS : 65 CHULIA STREET,
 #01-00, OCBC CENTRE,
 SINGAPORE 049513
BANK CODE : 7339
BRANCH CODE : 629
ACCOUNT No. : 588229-001 (SGD)
SWIFT CODE : OCBCSGSG
CHIPS UID : 010275

FOR TRANSFERS IN **USD**, THE **INTERMEDIARY BANK** INFORMATION (IF REQUIRED) IS AS FOLLOWS:
 JP MORGAN CHASE BANK, NEW YORK
 NEW YORK, USA
SWIFT CODE : CHASUS33
- CROSSED **CHEQUE** MADE OUT TO '**ASIA PACIFIC CERTIFICATION BOARD LIMITED**' OR **CASH** OVER THE COUNTER AT:
 10 SINARAN DRIVE #09-22
 NOVENA MEDICAL CENTRE
 SINGAPORE 307506
- THROUGH PAYPAL VIA [HTTPS://PAYPAL.ME/APCBASIA](https://PAYPAL.ME/APCBASIA)

SECTION 1**PERSONAL INFORMATION**

PREFERRED NAME ON CERTIFICATE

HOME ADDRESS

EMAIL ADDRESS

TELEPHONE (MOBILE/ HOME/ WORK)

/ /

OCCUPATION

EMPLOYER NAME

WORK ADDRESS

SECTION 2**UPDATED ADDICTION SPECIFIC TRAINING**

Date <i>dd / mm / yy</i>	Title of Course/ Workshop	Name of Organizer	No. of Hrs

Date <i>dd / mm / yy</i>	Title of Course/ Workshop	Name of Organizer	No. of Hrs

TOTAL TRAINING HOURS ATTENDED:

CODE OF ETHICS

1. I pledge to do my best for all my clients in helping them on their road to recovery.
2. In discharging my responsibility of care for my clients, I shall respect their right to decide for themselves on their recovery plans.
3. I shall ensure that my clients are referred smoothly to another recovery program or therapist if in my best judgment it is in the interest of the clients to do so.
4. I pledge to ensure strict client confidentiality insofar as the laws of the land permit.
5. I shall maintain objective, neutral and professional relationships with all my clients at all times.
6. I shall not discriminate against any client based on race, religion, age, gender, nationality, sexual orientation or social and financial status.
7. My responsibilities to my clients and my profession shall always take precedence over my personal interests and in all circumstances.
8. I shall demonstrate respect the professional views and opinions of my colleagues in our profession.
9. I shall seek the views and opinions of practitioners in our profession, as well as in other professions, whenever it is in the best interests of my clients for me to do so.
10. I accept that continuing education is important for my self-development as a practitioner in my profession, and I pledge to pursue this diligently.

DECLARATION

"I the undersigned do affirm that I have read and understood the above Code of Ethics. I confirm that violation of any article in this Code on my part may result in the revocation of my certification with APCB."

Signed:

Date:

Name:

NRIC / PASSPORT NO.: _____

CONFIRMATION OF ABSENCE OF SUBSTANCE ABUSE

1. I hereby confirm and declare that I have not personally misused substances and/or alcohol for the last five years prior to this re-application for certification with APCB.
2. I accept that my certification will be revoked without further recourse if my Confirmation is found to be untruthful, misleading, or false in any way.
3. I further accept that my application for certification will only be processed after this Confirmation is signed.
4. I am fully aware that I shall not be allowed to register for the Certification examinations until this Confirmation is signed.

Signed:

Date:

Name:

NRIC / PASSPORT NO.: _____