

ALLIED HEALTH PROFESSIONS COUNCIL OF BRUNEI DARUSSALAM

APPLICATION FORM FOR RENEWAL OF PRACTISING CERTIFICATE

Instructions to Applicant:

1. Fill in all sections of the Application Form clearly in blue ink.
2. You may be required to submit additional documents or information to the Council upon request.
3. The completed Application Form together with the supporting documents (if applicable) must be submitted to the Council Office during Government working hours at:

Allied Health Professions Council of Brunei Darussalam
Unit 2G4:01, 4th Floor, Block 2G
Ong Sum Ping Condominium
Jalan Ong Sum Ping
Bandar Seri Begawan BA1311
Negara Brunei Darussalam

4. Once your application is approved, you will be contacted to come to the Council Office to pay a fee of BND50.00 and to collect your renewed practising certificate.
5. Additional late application penalty fee of BND100.00 will be imposed [Section 19(5) of Allied Health Professions of Brunei Darussalam Order, 2017] for any registrant who applies for a practising certificate later than 30 days before the expiration of the practising certificate.

AHPCBD REGISTRATION NUMBER:

(E.g. PT0025, ORT0001)

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I. PERSONAL DETAILS

Full Name as shown in Brunei I.C. or Passport (IN BLOCK LETTERS):

Gender:

- Male
 Female

Brunei I.C. No. (or Passport No. for non-I.C. holders):

Colour: Yellow

Red

Green

Contact Number:

Mobile

Office

Email Address:

2. EMPLOYMENT DETAILS

Current Job Title/Position:

Employer/Company:

Full Address of Primary Workplace:

Full Address of Secondary Workplace (if applicable):

3. CPD POINTS ACHIEVED			
Category 1	Category 2	Category 3	Total CPD Points accumulated:
Please state reason(s) for failure to meet annual CPD requirement (if applicable):			
Verified by the Head of Service/Supervisor:			Official Stamp of Service/Department/Company:
<hr/> (Signature and Date)			
<hr/> (Full Name)			

Declaration

The information contained in this form and any attachments is true, correct and complete. I understand that **any misrepresentation may invalidate my application/employment arrangement.**

Signature of Applicant

Date

FOR OFFICIAL USE ONLY			
Date received:			
Application outcome by Council:	Approved / Not Approved	Reason if not approved:	
Approved fee payment of:	<input type="checkbox"/> BND50.00 - Practising certificate for 01/11/20 __ to 31/10/20 __ (R93012) <input type="checkbox"/> BND50.00 - Practising certificate for 01/01/20 __ to 31/12/20 __ (R93012) <input type="checkbox"/> BND100.00 - Late application penalty fee (R94001)		
Council official stamp:	Date of payment:		
	Receipt number:		
	Received by:		
	Signature:		
	Remarks:		