

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.
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) can be submitted to the Council Office during Government working hours at:

Allied Health Professions Council of Brunei Darussalam
 Unit 2G3:02, Level 3, Block 2G
 Jalan Ong Sum Ping
 Bandar Seri Begawan BA1311
 Negara Brunei Darussalam

4. Once your application is approved, you will receive an email with instructions on how to pay the BND50.00 fee via the OCBS online portal. Your renewed certificate will be issued once payment is verified.
5. Additional late application penalty fee of BND100.00 will be imposed [Section 19(5) of Allied Health Professions of Brunei Darussalam Act, Chapter 221] 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:	Brunei I.C. No. (or Passport No. for non-I.C. holders):	Colour of Brunei I.C.:
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		<input type="checkbox"/> Yellow <input type="checkbox"/> Red <input type="checkbox"/> Green

Contact Number:	Mobile	Office	
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Email Address:

2. EMPLOYMENT DETAILS

Current Job Title/Position:

Employer/Company:

Full Address of Primary Workplace:	Full Address of Secondary Workplace (if applicable):
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Professions Council of Brunei Darussalam to make any enquiries or obtain any information & documents that it deems appropriate to establish my fitness to practise.

Signature of Applicant

Date

FOR OFFICIAL USE ONLY			
Date received:			
Application outcome by Council:	Approved / Not Approved	Reason if not approved:	
Remarks:			
Approved fee payment of:	<input type="checkbox"/> BND50.00 - Practising certificate for 01/01/20 ____ to 31/12/20 ____ (R93012) <input type="checkbox"/> BND50.00 - Practising certificate for _____ to _____ (R93012) <input type="checkbox"/> BND100.00 - Late application penalty fee (R94001)		
Council official stamp and approver's initials:		Date & time of payment in OCBS portal:	
		Verified by:	
		Signature:	
		Remarks:	