**Assessment Of Professional Competence**

### **CHECKLIST FOR SUBMISSION OF DOCUMENTS**

**Candidate’s Name:**

**Membership No. :**

## APC route:

| **No** | **Description** | **Yes** | **No** |
| --- | --- | --- | --- |
| **For Candidates Sitting for the APC for the First Time (except for Reciprocity Route and Special Provision Routes)** | | | |
| a. | Duly Filled APC Application Form and Evidence for Application Processing Payment |  |  |
| b. | Filled Membership Application form with attachments (e.g. Academic Certificates and service letters) |  |  |
| c. | Filled and signed the Supervisor/s Appointment Form/s. |  |  |
| d. | Form A1 – Candidate’s Self-Assessment of Experience and Verification by the Supervisor (to be sent through the Supervisor) |  |  |
| e. | Form A2: Summary of Experience |  |  |
| g. | Form B – Professional Development (CPD record) |  |  |
| h. | Form C – Submission of Answer to Practice Problem |  |  |
| j. | Form D – Submission of Critical Analysis Report |  |  |
| k. | Report on Answer to the Practice Problem and Critical Analysis |  |  |
| m. | Successful Completion of Ethics Module |  |  |

Note to candidates (except Reciprocity Route):

If the candidate failed only on the Viva Voce interview component but was unable to appear within the immediate subsequent three APC sessions, such candidate shall answer the practice problem issued by the IQSSL to be eligible for re-assessment in the interview.

**Candidate’s Declaration.**

I confirm that the above records are true and accurate.

Signature: ……………………………………….. Date: …………................................