Asia Professional Speakers Singapore

Certified Speaking Professional™

APPLICATION FORM

I hereby apply to be awarded the Certified Speaking Professional™ designation by Asia Professional Speakers Singapore*.

Full Name* _____

Business Name* _____

Mailing Address* _____

Email Address* _____

Mobile Number* _____

Date of Joining APSS _____

Current APSS Designation Associate Member / Professional Member (please circle)

1. Have you previously applied for a CSP® through NSA or another GSF conferring association and had your application rejected? Yes ☐ No ☐

   If yes, please provide these details:

   Association name _____ Application date_____

2. Have you had any ethics charges in the speaking/training community? Yes ☐ No ☐

   If yes, please provide details (continue overleaf if necessary):

   _____

   _____

   If yes, please provide a contact name and email address regarding this issue:

   Name _____ Email _____

In applying for the Certified Speaking Professional designation, I acknowledge that I understand and accept all the following:

1. My application will not proceed until all components have been received and the applicable fee has been paid and cleared.

2. I meet all the requirements for Certified Speaking Professional designation as detailed on the APSS website.

3. If any part of the application forms or spreadsheets have not been completed properly, my application will be returned to me for the relevant details to be provided.

4. I will not receive any part of my application back.

5. I may use the CSP designation as post nominal letters after my name only while I remain a financial member of APSS or another GSF member association, and should I cease to be a member, I must not continue to use the letters CSP in any way.

6. When requested, I will provide detailed information of my income and its source for verification purposes. I understand that any work for which I am not willing to provide verification information cannot be counted in my application.

7. If during the assessment process it is discovered that I have provided inaccurate information, my application will be returned to me for correction.

8. If it is discovered that I have deliberately provided inaccurate information, I will be barred from applying for any APSS designation for a period of three years, and the Global Speakers Federation will be advised of such action.

9. If an adverse finding is made against me by the APSS Ethics Committee, I will be barred from applying for any designation for a period of three years unless the Ethics Committee determines a greater or lesser time period.

10. If an adverse finding is made against me by the APSS Ethics Committee, they may recommend the revocation of any designation I may hold.

11. If my application is unsuccessful for any reason, the fee that has been paid is not refundable.

12. I confirm that I have read and understood the APSS Code of Professional Ethics, and have no financial, legal or personal matters that, if brought to light, could negatively affect the CSP brand or the association.

Applicant's Signature _____ Date _____

WITNESS

Full name _____ Signature _____

Occupation _____ Mobile Number _____

Address _____

_____ Date _____