

## **Specialist Accreditation Scheme**

### **Leave of Absence/Reinstatement of Accreditation Application Form**

This form is to be completed by specialists applying for leave of absence, an extension of an existing leave or reinstatement into the accreditation programme.

#### **0.1. Checklist**

- Read the Information for Specialists guide for your specialisation.
- Attach supporting documentation (in PDF) where required.

#### **0.2. Notes**

- Complete this form only if the proposed leave of absence is more than 3 months and less than two years or an accumulation thereof. For leave longer than two years, please reapply for accreditation on your return.
- Applications for leave of absence must be made prior to taking leave.
- Approval for leave of absence, extension of leave or reinstatement is not automatic and specialists will be informed of the outcome.
- Save the application form as “[surname] [name] [practice area] [Acc Spec/Snr Acc Spec] Leave/Reinstatement”.
- Send the completed and signed form with supporting documentation if any to [accreditation@sal.org.sg](mailto:accreditation@sal.org.sg).
- Use the same completed form to apply for an extension of leave and/or reinstatement of accreditation so that the SAL has a record of all applications on one form.
- The onus is on specialists to ensure that their application has been received by the SAL.
- This form is best completed using Acrobat Reader DC which may be downloaded at [get.adobe.com/reader/](http://get.adobe.com/reader/).
- Hand-written and scanned forms will not be accepted.
- Save this form on your desktop before you begin.

## Leave of Absence/Reinstatement of Accreditation

### 1. Personal Details

I am a/an

- Accredited Specialist  Senior Accredited Specialist

in the following practice area(s):

- Building and construction law  Maritime and shipping law

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Name as in NRIC or passport

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Law firm	Designation
DID	Email

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Year of accreditation

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Email will be used as the main channel of communication.

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### 2. Status

I hold a current/active accreditation.

- Yes  No

### 3. What are You Applying for?

- Leave of absence (complete section 3a)
- Extension of leave of absence (complete section 3b)
- Reinstatement of accreditation (complete section 3c)

### Declaration

I have read all information guides necessary, and understand and agree to abide by the conditions stated therein.

I declare that all the information I have provided in this application form is true and correct, to the best of my knowledge. I understand that any omission or misstatement made in this application may lead to rejection of the application and be treated as professional misconduct and subject to disciplinary action by the relevant professional governing body.

## Leave of Absence/Reinstatement of Accreditation

### 3a. Leave of Absence

Start date		End date	
Total	year(s)	months	days

**If leave of absence is for more than two years, you will be required to reapply for specialist accreditation.**

#### Reasons

- Secondment
- Temporary change in practice focus, eg judicial service; focusing on other practice areas; entering academia; going inhouse
- Medical/maternity/paternity/child or parent care/ study leave
- Others

Details of leave of absence (max 100 words)

Please attach supporting documentation if any.

Name/Signature

Date

### 3b. Extension of Leave of Absence

I started my leave on

The original end date was

I want to extend my leave to

Name/Signature

Date

### 3c. Reinstatement of Accreditation

- I am returning from my leave of absence and will return to practice on \_\_\_\_\_ (dd/mm/yy).
- I hold a currently valid practising certificate
- I have satisfied the CPD criteria for the practice area for which I am seeking reinstatement as a specialist.

Please provide details of your CPD activities in the practice area for the duration you have been on leave.

If you have logged these details using the logs provided by SAL, you may submit them as part of your application for reinstatement.

OR

- My accreditation was cancelled and I would now like it to be reinstated.
- I hold a currently valid practising certificate
- I have paid the reaccreditation fee
- I have satisfied the reaccreditation criteria
- I understand I may be called for an interview

Name/Signature

Date