

## ANNUAL REPORT: ACCREDITORS

Updated: May 2015

TRAINING INSTITUTION / ASSOCIATION NAME		
Name of accreditor		
Name of CPD co-ordinator or administrative person		
Postal Address		
Contact Telephone		
Contact Fax No		
Cell No		
E-mail address		
Year for which report is completed		

	ACCREDITED SERVICE PROVIDERS APPROVED	Nr of Service Provider
Service Provider Details (Institution Name)		

## Add additional rows as needed

ACCREDITED SERVICE PROVIDERS NOT APPROVED		
Institution Details		
Reason for not accrediting		
Institution Details		
Reason for not accrediting		
Institution Details		
Reason for not accrediting		

Add additional rows as needed

## ACTIVITIES APPROVED BY ACCREDITORS

Provider	Accreditation No of	Name of Activity (specifics needed i.e. if article with questions, then give name of article and add WITH QUESTIONS)	Level	CEUs including ethics	Date of Activity		Ethics, Human Rights or Medical Law		Indicate the potential of the activity to
	Activity				Start	Finish	CEUs	Торіс	enhance professional performance
		Article with questions:							
		Article First author:							

PROBLEMS/CHALL	ENCES	EVDEDIE	
FRODLEWIS/CHALL	ENGES	EAFERIEI	NCED

Quality Assurance Activities undertaken - describe:

Monitoring of advertising accompanying activities - describe

	COMMENTS
UTHER	COMINENTS

DETAIL OF PERSON COMPLETING THE FORM		
Name and Surname		
Designation		
Date		
Signature		