

**APPLICATION FOR APPROVAL OF CONTINUING PROFESSIONAL
DEVELOPMENT (CPD) ACTIVITIES**

Please complete and submit this application to a Profession-specific Accreditor

NOTE: The Programme for the Activity and the Presenter's CV must be submitted with this application

Name of Providing Organisation/Provider (Including Registration Number)			
Postal Address of Providing Organisation/Provider			
Target Audience			
Contact Person (Providing Organisation/Provider)			
Telephone Number (Including Area Code) (Providing Organisation/Provider)			
Fax Number (Including Area Code) (Providing Organisation/Provider)			
e-Mail Address (Providing Organisation/Provider)			
Activity Title			
Date(s) of Activity/Programme			
Venue (Full Address) of Activity (If Applicable)			
	Postal code		
Level of Proposed CPD Activity			
Registration Fee involved for participants			
Duration of the learning activity (hours)			
Suggested CEU's (General)	Level 1	Level 2	Level 3
Suggested CEU's in Medical Ethics, Human Rights and Legal Issues pertaining to health sciences	Level 1	Level 2	Level 3
Suggested number of CEU's (Indicate Maximum CEUs in each Level)	Level 1	Level 2	Level 3
Specify intended method of evaluation (e.g. Questionnaire			

Specify the intended mechanism for monitoring attendance (per hour or per session) for the duration of the activity	
Have you applied to another accreditor to have this activity approved? If yes, to whom and what was the outcome? Provide reason if the application was not approved.	Name of Accrerator: No. Outcome and reason

Organisations/Providers:

With the submission of this application, I herewith undertake to monitor the attendance for the duration of the activity, evaluate the presentations as specified and to inform the accreditors accordingly. I recognize the authority of the Board/Accreditors to cancel the accreditation in the event of non-compliance with the criteria.

Signature: _____

Designation: _____ **Date:** _____

FOR THE OFFICIAL USE OF THE ACCREDITOR

This is to certify that(name of Accrerator) -
has agreed to the proposed CPD CEUs as follows:

Level 1	Level 2	Level 3	Ethics/Human Rights/Legal Matters

Specify ethical/human rights/health law relating to health sciences

TOTAL: _____

Specify the reasons why the learning activity has not been accredited:
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SIGNATURE ON BEHALF OF DESIGNATED CPD ACCREDITOR

DATE: _____

NAME AND DESIGNATION:	
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