



**APPLICATION FOR RECOGNITION AS AN ACCREDITOR OF CONTINUING PROFESSIONAL DEVELOPMENT (CPD) ACTIVITIES**

**Form CPD 4**

**Please complete and return to:**

The CPD Committee Co-ordinator, CPD Department, HPCSA, P O Box 205, PRETORIA, 0001

<b>PROFESSIONAL BOARD (eg. Psychology):</b>	
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<b>1. TRAINING INSTITUTION / ASSOCIATION APPLYING FOR ACCREDITATION</b>	
1.1 Name of /	
1.2 Postal Address	
1.3 Telephone number	
1.4 Fax number	
1.5 E-mail address	

<b>2. PERSON WHO ACTUALLY IS RESPONSIBLE ON BEHALF OF THE APPLYING BODY</b>	
2.1 Initials and Surname	
2.2 Title (Prof/Dr)	
2.3 Position held by responsible person in body	
2.4 Direct contact telephone number	
2.5 Cellular telephone number	
2.6 e-mail address	

<b>3 MOTIVATION FOR BODY TO BE ACCREDITED (Attach relevant documents)</b>	
3.1 Specify expertise in the area(s) relevant to profession	
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	.....
	.....

3.2 Specify representativeness of area(s) relevant to profession

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**4. ADMINISTRATIVE INFRASTRUCTURE**

4.1 Computerised database Yes  No

4.1.1 If yes, please specify software or hardware:  
.....

4.1.2 If no, please specify the form of recordkeeping you will utilise as a CPD accreditor  
.....

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4.2	Internet website:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, please specify website address		
	Will you be posting lists of accredited activities on the website?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If so, how frequently will this be updated		
4.3	Do you issue any regular professional publication/ communication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, please specify		
4.4	Will you be able to submit monthly reports to the CPD Department regarding applications which have been approved or not approved	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.3	Do you agree to submit monthly reports to the CPD Department	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.4	Will you also apply to be an accredited service provider?	Yes	No

I, on behalf of the .....  
(name of the body) hereby certify that I am fully aware of the statutory and professional requirements of continuing professional development and undertake to comply with the requirements of serving as an accreditor.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**POSITION HELD IN BODY**

\_\_\_\_\_  
**PLACE**