Health Professions Council of South Africa Form CPD 5	**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)		
Service Provider Details (Institution Name)		
Service Provider Details (Institution Name)		
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 Activity	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 enhance professional performance
					Start	Finish	CEUs	Topic	
		Article with questions: ……							
		Article First author: …..							

PROBLEMS/CHALLENGES EXPERIENCED
Quality Assurance Activities undertaken - describe: **Monitoring of advertising accompanying activities - describe**

OTHER COMMENTS

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