

**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

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

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:**