

**Form CPD 4**

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

**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	
1.2 Postal Address	
1.3 Telephone number	
1.4 Fax number	
1.5 E-mail address	

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

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

<b>4. ADMINISTRATIVE INFRASTRUCTURE</b>	
4.1	Computerised database      Yes <input type="checkbox"/> No <input type="checkbox"/>
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 ..... .....

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, including:

- exercising integrity and ethical conduct in the allocation of CEUs for learning activities;
- taking responsibility for quality assurance checks
- maintaining oversight of advertising accompanying the accredited activities
- recording the name of the service provider and the CEUs awarded for each CPD activity;
- submitting an annual report on activities accredited;
- safeguarding the records for at least three years,
- being subjected to quality assurance checks as may be deemed necessary by the HPCSA from time to time;

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

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

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

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