

**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 and/or Name Of Provider/Name of Individual (Including Registration Number)			
Postal Address of Providing Organisation and/or Provider and/or Individual			
Target Audience			
Contact Person (Organisation/Provider/Individual)			
Telephone Number (Including Area Code) (Organisation/Provider/Individual)			
Fax Number (Including Area Code) (Organisation/Provider/Individual)			
e-Mail Address (Organisation/Provider/Individual)			
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 and the reason if the application was not approved.	Name of Accrerator: ..... 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: ORGANISATION/PROVIDER/INDIVIDUAL**

**Designation:**

**Date:**

**FOR THE OFFICIAL USE OF THE ACCREDITOR**

This is to certify that .....(name of Accrerator) -

has agreed to the proposed CPD points as follows:

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

Specify ethical/human rights/legal matters relating to health sciences

TOTAL:

Specify the reasons why the above-named Accrerator has not accredited the learning activity:

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**SIGNATURE ON BEHALF OF DESIGNATED CPD ACCREDITOR**

**DATE:**

**NAME AND DESIGNATION:**