HPCSA
Health Professions Council of South Africa

Form CPD 2

APPLICATION BY TRAINING INSTITUTIONS/PROFESSIONAL ASSOCIATIONS/PROFESSIONAL INTEREST GROUPS FOR ACCREDITED SERVICE PROVIDER STATUS

Complete and submit online or in hard copy to the Professional Board or the delegated Accreditor registered with the relevant Professional Board

Name of providing organisation and/or of Provider	
Name of responsible person	
Name of CPD co-ordinator or administrative person	
Postal Address	
Contact Telephone (including area code)	
Contact Fax No (including area code)	
E-mail address	

The following information must be submitted in support of your application

A broad outline of the programme for the forthcoming year		
State the facilities available for the presentation of CPD activities (lecture rooms, etc).		
State the method for recording attendance.		
State the fees to be levied for CPD activities in Level 1 or 2		
Attach a copy of the proposed attendance register.		
Attach a copy of the attendance certificate that will be provided on completion of the activity		
State the method to be used for obtaining feedback or evaluation of the event.		
Specify the intended mechanism for monitoring attendance (per hour or per session) for the duration of the activity		
State your or your institution/organisation’s involvement or experience in health care education.		
State your proposed target audience, e.g. , optometrists		
Has an application already been submitted to another Accreditor requesting approval?	**YES**	If YES, to whom and what was the outcome?
	NO	

In order to be awarded accredited service provider status, you agree to:

- exercise integrity and ethical behaviour in the allocation of CEUs for learning activities;
- record the name, professional registration number and the CEUs awarded to every participant at each CPD activity;
- validate participant attendance for the **entire** event;
- provide participants with attendance certificate /evidence of completion;
- submit an annual report on activities presented;
- safeguard the records for at least three years,
- be subjected to quality assurance checks as may be deemed necessary by the HPCSA from time to time.

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SIGNED **DATE**