

Form CPD 4

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

Please complete and return to:
The Manager: CPD and Compliance, HPCSA, P O Box 205, Pretoria, 0001

PROFESSIONAL BOARD (eg. Psychology):	
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1. TRAINING INSTITUTION / ASSOCIATION APPLYING FOR ACCREDITATION	
1.1 Name	
1.2 Postal Address	
1.3 Telephone number	
1.4 Fax number	
1.5 E-mail address	

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

3 MOTIVATION FOR BODY TO BE ACCREDITED (Attach relevant documents)	
3.1	Specify expertise in the area(s) relevant to profession
3.2	Specify representativeness of area(s) relevant to profession
3.3	Specify quality

4. ADMINISTRATIVE INFRASTRUCTURE	
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 or annual reports to the HPCSA 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/annual reports to the HPCSA	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.4 Will you also apply to be an accredited service provider?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

Update: 23 June 2023