



**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):**

|   |  |
|---|--|
| <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<br>.....<br>.....<br>.....  |
| 3.2      | Specify representativeness of area(s) relevant to profession<br>.....<br>.....<br>.....<br>.....<br>.....<br>.....<br>..... |
| 3.3      | Specify quality<br>.....<br>.....<br>.....  |

**Commented [h1]:** Please discuss with Prof Van Niekerk

|           |  |
|-----------|--|
| <b>4.</b> | <b>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:<br>.....  |
| 4.1.2     | If no, please specify the form of recordkeeping you will utilise as a CPD accreditor<br>.....<br>..... |

|     |  |                              |                             |
|-----|--|------------------------------|-----------------------------|
| 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 <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 2016

