



ANNUAL REPORT: ACCREDITORS

TRAINING INSTITUTION / ASSOCIATION NAME	
Name of accreditor	
Accreditor's Approved number (eg. MDB001)	
Name of CPD co-ordinator or administrative person	
Postal Address	
Contact Telephone	
Contact Fax No	
Cell No	
E-mail address	
Year for which report is completed	

ACCREDITED SERVICE PROVIDERS APPROVED		Nr of Service Provider
Service Provider Details (Institution Name)		
Service Provider Details (Institution Name)		
Service Provider Details (Institution Name)		
Service Provider Details (Institution Name)		

Add additional rows as needed

ACCREDITED SERVICE PROVIDERS NOT APPROVED	
Institution Details	
Reason for not accrediting	
Institution Details	
Reason for not accrediting	
Institution Details	
Reason for not accrediting	

Add additional rows as needed

ACTIVITIES APPROVED BY ACCREDITORS

Provider	Accreditation No of Activity	Name of Activity (specifics needed i.e. if article with questions, then give name of article and add WITH QUESTIONS)	Level	CEUs including ethics	Date of Activity		Ethics, Human Rights or Medical Law		The potential of the activity to enhance professional performance as reflected on CPD form 2A
					Start	Finish	CEUs	Topic	
		Article with questions:							
		Article First author:							

PROBLEMS/CHALLENGES EXPERIENCED

Quality Assurance Activities undertaken - describe:

Monitoring of advertising accompanying activities - describe

OTHER COMMENTS

DETAIL OF PERSON COMPLETING THE FORM

Name and Surname	
Designation	
Date	
Signature	

Updated: 23 June 2016