



APPLICATION TO BE ACCREDITED AS A SERVICE PROVIDER

TRAINING INSTITUTIONS/PROFESSIONAL ASSOCIATIONS/PROFESSIONAL INTEREST GROUPS

Please complete and submit online or in hard copy to the CPD Desk

Name of Training Institution/Professional Association/Professional Interest Group/ Affiliation with a professionally recognised institute	
Name of Committees/Organisations/ Associations and/or Societies that has the capacity to deliver CPD	
Name of the Manager or Chairperson	
Name of CPD co-ordinator or administrator	
Address	
Contact Telephone	
Contact Fax No	
E-mail address	

The following information must be submitted in support of your application

A broad outline of the programme for the forthcoming year. (The names and qualifications of the presenters of the CPD activities and the topics are to be submitted on finalisation/completion of the programme)	
What facilities are available for the presentation of CDP activities (lecture rooms, etc)	

What method will be used to record attendance? (hard copy or electronic)	
What fees will be levied for CPD activities in Level 1	
Level 2	
Level 3	
Ethics, Human Rights and Medical Law	
What method will be used for obtaining feedback or evaluation of the event?	
What involvement or experience do you/your institution have in health care service education?	
Who are your proposed target audience, e.g. general medicine, optometrists, laboratory technicians	
A non refundable fee of N\$......	

In order to be accredited as a service provider you have to agree to –

1. record attendance and CEUs awarded for each attendee
2. record the identity of every participant at the CPD activities and validate attendance for the entire event
3. validate completion of the CPD activity by the participant
4. provide the participant with a completion certificate (Form 4)
5. safe keep the records for at least 3 years
6. be subjected to quality assurance checks as may be deemed necessary by the HPCNA from time to time

Signed

Date

Name in block letters