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| HPCSA**Form CPD 2A** | **APPLICATION FOR APPROVAL OF CONTINUING PROFESSIONAL****DEVELOPMENT (CPD) ACTIVITIES** |

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| **Please complete and submit this application to a Profession-specific Accreditor** **NOTE: The Programme for the Activity and the Presenter’s CV must be submitted with this application preceding the activity. No retrospective approval will be made**. |
| **Name of Providing Organisation/Provider (Including Registration Number)** |  |
|  |
| **Postal Address of Providing Organisation/Provider** |  |
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| **Target Audience (eg. Medical Practitioners, Occupational Therapy)** |  |
| **Contact Person (Providing Organisation/Provider)** |  |
| **Telephone Number (Including Area Code) (Providing Organisation/Provider)** |  |
| **Fax Number (Including Area Code) (Providing Organisation/Provider)** |  |
| **e-Mail Address (Providing Organisation/Provider)** |  |
| **Activity Title** |  |
| **Presenter(s)** |  |
| **The potential of the activity to enhance professional performance****(Required for reporting to HPCSA)** |  |
| **Date(s) of Activity/Programme** |  |
| **Venue (Full Address) of Activity (If Applicable)** |  |
|  |
|  **Postal code** |
| **Level of Proposed CPD Activity** |  |
| **Registration Fee involved for participants** |  |
| **Duration of the learning activity (hours)** |  |
| **Suggested CEU’s (General)** | **Level 1** |  |
| **Suggested CEU’s in Medical Ethics, Human Rights and Legal Issues pertaining to health sciences** | **Level 1** |  |
| **Suggested number of CEU’s (Indicate Maximum CEUs in each Level)** | **Level 1** |  |
| **Specify intended method of evaluation (e.g. Questionnaire** |  |
| **Specify the intended mechanism for monitoring attendance (per hour or per session) for the duration of the activity** |  |
| **Have you applied to another accreditor to have this activity approved? If yes, to whom and what was the outcome? Provide reason if the application was not approved.** | Name of Accreditor: No.Outcome and reason ................................................................... |

**Organisations/Providers:**

With the submission of this application, I

1. submit my advertisement
2. declare that the activity would not be advertised without prior approval of the Accreditor
3. undertake to monitor the attendance for the duration of the activity and provide the number of attendees to Accreditors for the activity
4. evaluate the presentations as specified and to inform the accreditors accordingly
5. recognize the authority of the Board/Accreditors to cancel the accreditation in the event of non-compliance with the criteria.
6. Declare that there is no conflict of interest

**Signature:**

**Designation: Date:**

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| **FOR THE OFFICIAL USE OF THE ACCREDITOR**This is to certify that ………………………………………………………….(name of Accreditor) -has agreed to the proposed CPD CEUs as follows:

|  |  |
| --- | --- |
| Level 1 | Ethics/Human Rights/Legal Matters |
|  |  |

Specify ethical/human rights/health law relating to health sciencesTOTAL: Specify the reasons why the learning activity has not been accredited:……………………………………………………………………………………………………………………………. |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****SIGNATURE ON BEHALF OF DESIGNATED CPD ACCREDITOR****DATE:**  |
| **NAME AND** **DESIGNATION:** |  |

Update: 1 July 2019