

CONTINUING PROFESSIONAL EDUCATION (CPE)

ACCREDITATION REQUEST FORM # H

'Regulating Professions...Protecting the Public'

APPLICANT (ORGANISER):			
ADDRESS			
CONTACT NUMBER:		EMAIL ADDRESS:	
CO-ORGANISER (if any)		DURATION OF ACTIVITY (from-to (hours))	
LOCATION OF ACTIVITY:			

TITLE OF PROGRAMME/ACTIVITY:			
DATE OF PROGRAMME/ACTIVITY:			
PROGRAMME CONTENTS:			
PROGRAMME GOALS & OBJECTIVES:	1.		
	2.		
DESCRIPTION OF EDUCATIONAL METHODOLOGY			
	Lecture	Audio-Visual	Online
	Symposium	Seminar/ Workshop	Other
METHOD OF PROGRAMME EVALUATION :			
CREDIT HOURS PROPOSED BY ORGANISER:			
FOR OFFICAL USE			
DATE REQUESTED REC'D		AMOUNT PAID \$	
NUMBER OF C.E APPROVED:		DATE OF APPROVAL:	
CHAIRPERSON, EDUCATION COMMITTEE SIGNATURE:		REGISTRAR SIGNATURE:	

Please Note:

- Applications shall be submitted at least 4 weeks prior to Activity
- A detailed Agenda of the Activity (with times of the Presentations) shall accompany the Application
- Fees are doubled for applications submitted less than 4 weeks prior to Activity
- Applications are not addressed until fee is paid
- Application fees are non-refundable