



Form CPD 2

APPLICATION TO BE ACCREDITED AS A SERVICE PROVIDER

**TRAINING INSTITUTIONS
PROFESSIONAL ASSOCIATIONS
PROFESSIONAL INTEREST GROUPS**

Complete and submit online or in hard copy to an Accreditor registered with relevant Professional Board

Name of Training institution/Professional Association/ Professional Interest Group/Affiliation with a professionally recognised institute	
Name of Departments/Units/National Branches/Committees, organisation and/or association that has the capacity to deliver CPD	
Name of the Manager/Chairperson of the Department/Discipline	
Name of CPD co-ordinator or administrative person	
Postal address	
Contact telephone	
Contact fax	
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? (Paper or electronic)	
What fees will be levied for CPD activities in Level 1	
A copy of the attendance certificate	
A copy of the certificate that will be provided on completion of the activity	
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 education?	
Who is your proposed target audience, e.g. dietitians	

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 evidence of completion
5. Safe keep the records for at least 3 years
6. Be subjected to audits for quality assurance as may be deemed necessary by the HPCSA from time to time

SIGNED

DATE