

APPLICATION FOR APPROVAL OF CONTINUING PROFESSIONAL DEVELOPMENT (CPD) ACTIVITIES

NOTE: Activity Programme and Presenter CV's require to be submitted with this application

<p>Please complete and submit for recommendation to (Details of accreditor) CPD Accreditation Office, Fax to: (0) or e-mail: , Telephonic enquiries: (0)</p>							
Providing Organization and/or Name of Provider							
Postal Address of Organization/Provider							
						Code	
Contact Person							
Telephone Number incl. area code							
Fax Number incl. area code							
e-mail Address							
Course Registration Fee (Rands)		SADA Member R			Non-SADA Member R		
Activity TITLE							
Speaker/s							
Date of Activity (YYYYMMDD)		Starting & Finishing time (e.g., 08:00-18:00)		TOTAL Activity duration (hours)			
REQUESTED points for Attendees (1 per hour) (Note: half points are not awarded)		Level 1		Level 2		Level 3	
ACCREDITOR OFFICE USE ONLY: COMMENTS:		Attendee: CLINICAL 1 per hour Maximum		Attendee: NON-CLINICAL 1 per hour Maximum		Attendee: ETHICAL 1 per hour Maximum	
		Lecturer: CLINICAL		Lecturer: NON-CLINICAL		Lecturer: ETHICAL	
VENUE where Activity will be held							
Intended method of evaluation (i.e., Questionnaire)							
Intended mechanism of monitoring attendance (per hour or per session for the duration of the activity, i.e, Swipe Card/Attendance register)							
Intended mechanism of reporting to Accreditor Attendee participation (i.e., Copy of Attendance Register)							
Will certificates be issued to the Attendees by Provider?		YES		If NO, who will issue certificates of attendance?			
		NO					
Has an application for this Activity already been submitted to another Accreditor requesting approval?		YES		If YES, to whom and what was the outcome?			
		NO					
<p>With the submission of this application, I herewith undertake to monitor the attendance per session, evaluate the presentations as specified and to inform the accreditors accordingly. I recognize the authority of the Board/Accreditors to cancel the accreditation on non-compliance to the criteria.</p>							
Signature on behalf of the PROVIDER		Designation:			Date:		