



Form CPD 2B

APPLICATION FOR INDIVIDUAL ACCREDITATION

Please complete and submit online or in hard copy to the relevant Professional Board or delegated Accreditor registered with the relevant Professional Board.

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|---|--|
| Initial and surname as registered with the HPCSA | |
| DT NUMBER | |
| INDIVIDUAL DIETITIAN Address | |
| INDIVIDUAL DIETITIAN Telephone number Cell phone number Fax number E-mail address NAME OF THE ACTIVITY DATE(S) OF THE ACTIVITY VENUE OF THE ACTIVITY | |
| Level of ACTIVITY (e.g. Level 1, Level 2 or Level 3) | |
| NUMBER OF CEUs ALLOCATED/ REQUESTED | |

As individual, I declare that the information provided is correct.
As individual I undertake to pay the required fee.

SIGNED

DATE