

# **CONTINUING PROFESSIONAL EDUCATION (CPE)**

## **ACCREDITATION REQUEST FORM # H**

*'Regulating Professions...Protecting the Public'*

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

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

*Please note:*

**1. Application shall be submitted at least 4 weeks before activity**

**2. Fees are doubled for applications less than 4 weeks before activity**

**3. Application is not completed until fees are paid**

**4. Application fees are non-refundable**

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