

**APPLICATION FOR ACCREDITATION OF CPD HOURS**  
**FOR CPD YEAR 2024-2025**

**PART 1**

<b>TITLE/Mr.Mrs./Miss:</b>	
<b>SURNAME:</b>	
<b>NAME:</b>	
<b>DESIGNATION:</b>	
<b>CONTACT ADDRESS:</b>	
<b>OFFICE TELEPHONE NO:</b>	
<b>MOBILE NUMBER:</b>	
<b>EMAIL ADDRESS:</b>	

**PART 2: Details of Activity for Accreditation of CPD hours**

<b>1. COURSE TITLE</b>	
<b>2. ORGANISER</b>	
<b>3. VENUE</b>	
<b>4. DATE</b>	
<b>5. PERSONAL INVOLVEMENT</b>	

**Note: Number of CPD hours from Accreditation per academic year: Maximum 6 hours**

**6. Documents to be submitted with application.**

- (a) Official programme and objectives of activity;
- (b) List of topics;
- (c) List of interveners/trainers together with short BIOS
- (d) Certificate of attendance.

**DATE OF SUBMISSION:**..... **SIGNATURE:** .....

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**PART 3: FOR OFFICE USE ONLY:**

**NAME OF RECEIVING OFFICER:** ..... **DATE:**.....

**TIME:** ..... **STATUS:** .....

**REMARKS:** .....

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**PART 4: RECOMMENDATION OF ACCREDITATION COMMITTEE**

**1. Application recommended/not recommended;**

**2. Comments:**

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**3. No. of CPD hours to be credited:** .....

**DATE:** .....

**SIGNATURE:** .....