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| Page **1** of **3** | **CPD Developmental Activity**  **Application Form** |  |
| **Form No.:**  **CPD-ECPD2** |
| **Effective Date**:  **27 July 2021** |
| **Rev No: 04** |

*Completion of the sections marked with an asterisk (\*) is compulsory*

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| *Please complete and return to the appropriate ECSA CPD Licensed Body* | |
| **1. Provider applying for the validation of an activity in terms of the CPD Standard:** | |
| **Name of CPD Service Provider:**\* |  |
| **Unique Verification Number:**\* |  |
| **Website:**\* |  |

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| **2. Person who applying for validation on behalf of the CPD Service Provider:** | |
| **Surname and Initials:**\* |  |
| **Title (Prof/Dr/Mr /Ms):**\* |  |
| **Position Held:**\* |  |
| **Phone Number:**\* |  |
| **Email Address:**\* |  |
| **Identification Number:\*** |  |

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| **3. Details of the Activity:** | |
| **Title:\*** |  |
| **Duration in Notional Hours:\*** |  |
| **Location:\*** | Province |
| City |
| **Mode of Delivery:\*** |  |
| **Target Participants: \*** | Category and Discipline |
| **Scope: \*** |  |
| **Learning Outcomes: \*** |  |

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| **4. Details of the Activity Presenter(s):** | |
| **Surname and Initials:**\* |  |
| **Title (Prof/Dr/Mr./Ms.):**\* |  |
| **Phone Number:**\* |  |
| **Email Address:**\* |  |
| **Identification Number:\*** |  |

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| **REQUIREMENTS THAT NEEDS TO BE FULFILLED WHEN APPLYING FOR VALIDATION: CHECKLIST** | |
| 1. Comprehensively completed (ECPD2) application form. | Yes/No |
| 1. Curriculum Vitae of the activity presenter(s) included. | Yes/No |
| 1. Certified Copy of the presenter(s) identification document included. | Yes/No |
| 1. Confirmation of availability of the presenter(s) for the period of the activity included. | Yes/No |
| 1. Activity objectives and outcomes identified and indicated. | Yes/No |
| 1. Quality of the activity identified and indicated. | Yes/No |
| 1. Activity pricing and cost included. | Yes/No |
| 1. Reimbursement policy in place and indicated. | Yes/No |

*Form* ***(ECPD2)*** *must be submitted together with the supporting documents identified in the above checklist*.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in my capacity as

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and authorised representative of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby apply, on behalf of the identified CPD Service Provider for validation of the above mentioned activity in terms of the Rules: Continuing Professional Development and Renewal of Registration (Board notice 86 of 2017) and Section 11 of the Standard for Continuing Professional Development (ECPD-01-STA).

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I enclose the required information/documentation in substantiation of the application and confirm that the information/documentation, to the best of my knowledge, is accurate and complete.

Signed on the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (month & year).

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Signature