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Form No.: CPD-ECPD3		
Effective Date: 14 November 2024		
Rev No: 6		

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

<i>Only to be completed by an ECOSA CPD Licensed Body and submitted to ECOSA.</i>			
Name the Licensed Body that validated the activity: *			
Name of Verified CPD Service Provider: *			
Service Provider Verification Nr.: *			
Course Category: *	Colloquiums <input type="checkbox"/> Lectures <input type="checkbox"/> Conferences <input type="checkbox"/> Refresher Courses <input type="checkbox"/> Congresses <input type="checkbox"/> Seminar <input type="checkbox"/> Large Group Workshops <input type="checkbox"/> E-learning/Online <input type="checkbox"/>		
Activity Title: *			
Activity Validation Number: *		No spaces are allowed between letters and numbers of the validation number.	
Province:			
City:			
Presenter's Name: *			
Presenter's ID or ECOSA Registration Number: *			
Notional Hours: *			
Credits: *		In essence, 10 notional hours are equivalent to 1 credit.	
Category of Registration: *	Professional Engineer <input type="checkbox"/> Professional Engineer Technologist <input type="checkbox"/> Professional Certificated Engineer <input type="checkbox"/> Professional Engineer Technician <input type="checkbox"/> Specified Category <input type="checkbox"/> All <input type="checkbox"/>		

#### CONTROLLED DISCLOSURE


It is the responsibility of the user to ensure that the latest version is used. The latest version will be published on our website.

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<b>Discipline: *</b>	Aeronautical	<input type="checkbox"/>	Mechanical	<input type="checkbox"/>
	Agricultural	<input type="checkbox"/>	Mechatronics	<input type="checkbox"/>
	Chemical	<input type="checkbox"/>	Metallurgical	<input type="checkbox"/>
	Civil	<input type="checkbox"/>	Mining	<input type="checkbox"/>
	Electrical	<input type="checkbox"/>	Industrial	<input type="checkbox"/>
	Electronics	<input type="checkbox"/>	All	<input type="checkbox"/>
<b>Nature of Activity:</b>	Engineering	<input type="checkbox"/>	Project Management	<input type="checkbox"/>
	Technical	<input type="checkbox"/>	Legal	<input type="checkbox"/>
	Office	<input type="checkbox"/>	Finance	<input type="checkbox"/>
	Computer Skills	<input type="checkbox"/>	Interpersonal Skills	<input type="checkbox"/>
	General Management	<input type="checkbox"/>		
<b>Description:</b>				
<b>Instances: *</b>	Single	<input type="checkbox"/>	Multiple	<input type="checkbox"/>
<b>Validation Period: *</b>	Valid from:		Valid to:	

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I, \_\_\_\_\_ on behalf of the

\_\_\_\_\_ (name of the ECSA CPD Licensed Body) hereby declare that the activity as stipulated on the first page of this document has met/not met all the requirements for validation as an ECSA CPD Pre-validated activity in terms of the Rules: Continuing Professional Development and Renewal of Registration as seen in the Government Gazette and Section 10 of the Standard for Continuing Professional Development (ECPD-01-STA).

I further confirm that the ECSA CPD Pre-validated activity was awarded the following outcome:

☐ Full Validation

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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