



Form: ACAF No.1

<b>APPLICATION FOR ACCREDITATION AS CPD PROVIDER</b>
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Complete and submit electronic or hard copy to the UMDPC
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Please tick

Initial application	<input type="checkbox"/>
Renewal	<input type="checkbox"/>

Name of providing organization and /or provider	
Name of contact person	
Name of CPD Coordinator	
Postal Address	
Physical address	
Telephone office & Mobile	
Email address	
Fax No.	

Please attach the following information.

A broad outline of the programme.	
State the facilities available for the presentation of CPD activities	
State the method of recording attendance	
State the fees to be levied (if any) for CPD activities for level I and 2	
Attach a copy of the (blank sheet ) attendance register	
Attach a copy of the attendance certificate that will be provided of the activities	
State the methods to be used for obtaining feedback or evaluation of the CPD activity	
Specify the intended mechanisms for monitoring attendance (per hr/session) during the activity	
State your institution or organization involvement or experience in health care education	
State your proposed target audience	

In order to be awarded accreditation service provider status you agree to;

- Exercise integrity and ethical behavior in the allocation of credit unit for a learning activity
- Record that name, professional registration number, and the credit unit awarded to every participant at each CPD activity;
- Validate participant's attendant for the entire event
- Provide participants with attendance certificate/evidence of completion
- Submit annual report on the activities presented
- Safe guard the records for the next three years.
- Be subjected to quality assurance check as may be deemed necessary by the UMDPC.

Signed by ..... Date.....

Name:.....