

HONG KONG PHYSIOTHERAPY ASSOCIATION LIMITED 香港物理治療學會有限公司

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APPOINTED PROGRAMME ACCREDITOR PHYSIOTHERAPISTS BOARD

Individual Application for Accreditation of Continuing Professional Development (CPD) Programme for Registered Physiotherapists

Instructions: - Supply complete information either directly on this form or on a form developed in a similar format

Part I : Fact Sheet		
1. Name of Applicant:		
2Title or Position of Applican		
4. Address of Applicant:		
-		
-		
5. Telephone Number :	6. Fax Number:	
7. E-mail Address:		

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Individual Application for Accreditation of Continuing Professional Development (CPD) Programme for Registered Physiotherapists

Part II: Documentation for Accreditation of the CPD Programme:

1.	~ Title of the programme ~
2.	~ Date, time and duration in hours ~
3.	~ Venue ~
4.	~ Aim & objectives ~

5. ~ Contents ~

Name(s)	Professional Qualifications	Position/Title

7.	~ Learning-teaching methods and facilities ~
8.	~ Methods of verifying participation and successful completion ~
9.	~ Methods of evaluation of the effectiveness of the Programme ~
Name	of Applicant :
Signat	ure :
Date :	