

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

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 Applicant | |
| 3. Name of Organization (if appl | cable): |
| | |
| 4. Address of Applicant or | |
| Applicant's Organization: | |
| | |
| 5. Telephone Number : | 6. Fax Number: |
| 7. E-mail Address: | |
| 8. The section administratively a CPD programme offered by the | d operationally responsible for co-ordinating all aspects of organization (if applicable): |
| | |

(i.e., department/division/unit within the organization responsible for providing CPD programme)

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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 ~ |
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| ~ Contents ~ | | |
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| ~ Personnel ~ | | |
| | C.1 D . 1 | |
| The person in-ch | arge of the Programme to be accredit | ed: |
| Name(s) | Qualifications | ed: Position/Title |
| | | |
| | | |
| | | |
| Name(s) | | Position/Title |
| Name(s) | Qualifications | Position/Title |
| Name(s) Teachers, trainers | Qualifications s, presenters, speakers, facilitators, et | Position/Title c. for this Programme are: |
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| 7. ~ Learning-teaching methods and facilities ~ | | | |
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| 8. ~ Methods of verifying participation and successful completion ~ | | | |
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| 9. ~ Methods of evaluation of the effectiveness of the Programme ~ | | | |
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| Name of Applicant : | | | |
| Signature : | | | |
| Date: | | | |