

**APPOINTED PROGRAMME ADMINISTRATOR
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: _____

2. Title or Position of Applicant: _____

3. Name of Organization (*if applicable*): _____

4. Address of Applicant or
Applicant's Organization: _____

5. Telephone Number : _____ 6. Fax Number: _____

7. E-mail Address: _____

8. The section administratively and operationally responsible for co-ordinating all aspects of CPD programme offered by the organization (*if applicable*):

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

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Part II: Documentation for Accreditation of the CPD Programme:

1. ~ Title of the programme ~
2. ~ Date, time and duration in hours ~
3. ~ Programme format ~ <input type="checkbox"/> On-site format <input type="checkbox"/> Online format <input type="checkbox"/> Lecture / Seminar/ Conference / Meeting <input type="checkbox"/> Workshop / Practical <input type="checkbox"/> Others (please specify:_____)
4. ~ Venue ~

5. ~ Aim & objectives ~

6. ~ Contents ~

7. ~ Personnel ~

The person in-charge of the Programme to be accredited:

Name(s)	Qualifications	Position/Title

Teachers, trainers, presenters, speakers, facilitators, etc. for this Programme are:

Name(s)	Professional Qualifications	Position/Title

8. ~ Learning-teaching methods and facilities ~

9. ~ Methods of verifying participation with at least 75% of attendance ~

10. ~ Methods of evaluation of the effectiveness of the Programme ~

Name of Applicant : _____

Signature : _____

Date : _____