

MEDICAL LABORATORY TECHNOLOGISTS BOARD

**Application for Accreditation as a Provider of
Continuing Professional Development (CPD) for
Registered Medical Laboratory Technologists**

Part I: Fact Sheet

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

Name of Organisation	
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Address	

Name of Person in-charge	
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Title or Position	
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Telephone Number		Fax Number	
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E-mail Address	
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Contact Person		Telephone Number	
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E-mail Address	
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Is this your organisation's first application for accreditation? Yes No

If no, when was accreditation originally sought?	
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The provider unit administratively and operationally responsible for co-ordinating all aspects of CPD offered by the provider is (if different to the applicant):

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

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Part II: Documentation Report of Internal Evaluation of CPD Provision: Data in response to Provider Accreditation Criteria

1. ~ Beliefs & goals of the organisation or its provider unit in the provision of CPD ~

2. ~ Administrative & organisational structure ~
(Organisational chart(s) or other schematic(s) that depict the line of authority and organisational communication within the organisation as a whole as well as within the provider unit in relation to the provision of CPD.)

