

MEDICAL LABORATORY TECHNOLOGISTS BOARD

**Application for Validation of
Individual Continuing Professional Development (CPD) Programme
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 Organization	
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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 organization's first application for validation? Yes No

If no, when was validation previously sought?	
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The section administratively and operationally responsible for co-ordinating all aspects of CPD programme offered by the organization is (if different to the applicant):

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

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Part II: Documentation for Evaluation of the CPD Programme: Data in response to Programme Design Criteria

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

5. ~ Contents ~

6. ~ Personnel ~

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

Name(s)	Qualifications	Position/Title

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

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 ~