Appendix I

### OCCUPATIONAL THERAPISTS BOARD

**Application for Appointment as an Accredited Programme Provider of Continuing Professional Development (CPD) for**

**Registered Occupational Therapists**

*Completed application form should be sent to the Occupational Therapists Board by- E-mail:* *otb@dh.gov.hk*

*Post: 2/F, Shun Feng International Centre, 182, Queen’s Road East, Wan Chai, Hong Kong*

*Fax: 2865 5540*

*Application form can be downloaded from the Board’s website at* [*www.smp-council.org.hk/ot/en/content.php?page=cpd.*](http://www.smp-council.org.hk/ot/en/content.php?page=cpd)

### Part I: Fact Sheet

**Name : Address :**

**Person in-charge**

**Name : Title or Position :**

**Tel. Number : Fax. Number : E-mail :**

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### Part II:

**1. Missions & Goals \***

**2.** **Administration of CPD & 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.)

The person in-charge of the overall day-to-day management and operation of the CPD is:

*Name(s): Title: Qualification:*

* *Use separate sheet(s) whenever necessary*

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| **3. Past Experience in organising CPD Programmes \***(Please supply information on CPD programmes organised in the past 3 years such as programmes details, speakers and number of occupational therapists participating in the programmes.) |
| **4. Preliminary Plan of CPD Programmes in the coming 3 years \*** |
| **5. Quality Assurance Mechanism for CPD Programmes \***(State how organisation ensures the quality of the CPD programmes provided.) |

*\* Use separate sheet(s) whenever necessary*

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| **Name of Person****in-charge:**  | **Signature:** |
| **Title or Position :**  | **Date of Application:** |

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*(Rev. Jan 2024)*