

PHYSIOTHERAPISTS BOARD

Application for Appointment as Programme Accreditor 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 Organization : _____

2. Address :

3. Name of Person in-charge : _____

4. Title or Position : _____

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

7. E-mail Address : _____

8. The section administratively and operationally responsible for accreditation of CPD programme if appointed :

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

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Part II: Documentation Report of Internal Evaluation as Programme Accreditor:

Data in response to Criteria for Programme Accreditor

1. ~ Nature of the organisation ~

2. ~ Beliefs & goals of the organisation in accreditation of CPD programmes ~

3. ~ 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 department / unit in relation to the accreditation of CPD programmes.)

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

Name(s)	Qualifications	Position/Title

4. ~ Relevant experience in CPD programme accreditation ~
 (List out the past experience of the organisation in organizing/providing physiotherapy education, and/or running similar scheme of programme accreditation.)

5. ~ Declaration of Understanding ~

I have read through the various parts of this manual and understood the requirements of a programme accreditor including the provision of accreditation work free of charge and respond swiftly to application of CPD programme accreditation within 48 hours.

Name of Person in-charge : _____

Signature : _____

Date : _____

Report Summary Sheet on Accreditation of CPD Programmes/Activities

(_____ - _____)
 Month / Year Month / Year

Name of the Programme Accreditor : _____

CPD Code	Date		Duration (Contact Hours)	CPD Point(s)	CPD Programme/Activity Title	Specialty Stream		CPD Main Category	CPD Sub Category	Speaker(s) [Name(s) & Professional Qualifications]	Programme Organiser(s)
	Start	End				Primary	Secondary (If Applicable)				