

Sample Form for Individual/Organisation (non-accredited programme provider) to apply for Programme Accreditation from Programme Accrerator

**NAME OF THE PROGRAMME ACCREDITOR**

**APPOINTED PROGRAMME ACCREDITOR  
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):

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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 Accreditation of the CPD Programme:**

<b>1. ~ Title of the programme ~</b>
<b>2. ~ Date, time and duration in hours ~</b>
<b>3. ~ Venue ~</b>
<b>4. ~ Aim &amp; objectives ~</b>

**5. ~ Contents ~**

**6. ~ 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

**7. ~ Learning-teaching methods and facilities ~**

**8. ~ Methods of verifying participation and successful completion ~**

**9. ~ Methods of evaluation of the effectiveness of the Programme ~**

Name of Applicant : \_\_\_\_\_

Signature : \_\_\_\_\_

Date : \_\_\_\_\_