

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.)

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

Name(s)	Qualifications	Position/Title

The names of persons involved in CPD programmes/activities are:
(teachers, trainers, co-ordinators, organizers, etc.)

Name(s)	Professional Qualifications	Position/Title

3. ~ Organisation's CPD Policy and Procedures, and CPD Programme/Activity Design Criteria ~
(State how the organisation or its provider unit meets the accreditation requirements.)

Part III

**Accredited Provider of Continuing Professional Development for Registered Medical Laboratory Technologists
Report Summary Sheet on Continuing Professional Development (CPD) Programmes/Activities**

(May 200 _ April 200)

Month / Year Month / Year (Note)

Note: 1. Accredited CPD Providers must submit data about their CPD activities annually or as and when requested by the MLT Board.
2. Wrap words within the cell but do not merge cells. 3. Do not protect the workbook/worksheet with password.

Name of the Accredited Provider		Accredited Period	
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Programme/ Activity Code	Date	Programme/Activity Title	Name of Person(s) involved in Planning	Objectives	Total CPD Credit Points	Cate- gory	Time Frame		Speaker(s) [Name(s) & Professional Qualifications]	No. of Parti- cipants	Estimated Venue Capacity	Remarks
							Theory (Hrs / Days)	Practical (Hrs / Days)				

Contact person: _____ (tel. no.) _____