

MEDICAL LABORATORY TECHNOLOGISTS BOARD**Application Form for Assessment of Non-accredited
Continuing Professional Development (CPD) Programme/Activity**

Instructions: Supply complete information either directly on this form or on a form developed in a similar format.

Please enclose any syllabus or promotional pamphlets of the programme/activity with the application. Fill in below any further information if not covered in the syllabus and/or promotional pamphlets. Incomplete/inadequate information may lead to delayed approval.

Name of Applicant (Surname first)	
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Registration No./Part	
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Address	

Telephone Number		Fax Number	
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E-mail Address	
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Name of Programme Organizer	
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Address of Organizer	

Name of Contact Person	
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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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