## 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)		
(Communication)		
Registration No./Part		
Address		
Telephone Number	Fax Number	
E-mail Address		
Name of Programme		
Organizer		
Address		
of		
Organizer		
Name of Contact Person		
Title or Position		
Telephone Number	Fax. Number	
E-mail Address		

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1.	1. ~ Title of the non-accredited programme/activity ~							
2.	~ Date, time and d	uratio	on ~					
3.	~ Venue ~							
4.	~ Contents ~							
5.	~ Personnel ~							
	Teachers, trainers assessed:	s, pres	enters, speakers, facilitators, etc	e. for t	he Programme to be			
	Name(s)		Professional Qualifications		Position/Title			