APPLICATION FORM

THE OPTOMETRISTS BOARD OF HONG KONG
Application for Validation of CPD Programmes/ Activities

Part I: Fact Sheet

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

Title of CPD Programmes/ Activities _____

Name of Organization _____

Address _____

_____

_____

Name of Person in-charge _____

Title or Position _____

Telephone Number _____ Fax. Number _____

E-mail Address _____

Is this your organization's first application for validation? ☐ Yes ☐ No

If no, when was validation last sought? _____

The provider unit administratively and operationally responsible for co-ordinating all aspects of the CPD activities is (if different to applicant organization):

_____

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

Part II: Documentation Report for Evaluation of Validation of CPD Programmes/ Activities

Data in response to Section 7 and 8 of the Manual for Validation of CPD Activities

1. ~ Beliefs & goals of the organization ~
2. ~ Educational goals of the CPD provider unit (if different to the above) ~
3. ~ Administrative & organizational structure ~ (Organizational chart(s) or other schematic(s) that depict the provider unit's line of authority and organizational communication within the organization as a whole as well as within the provider unit.)

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

(Name)	*(Qualifications)*	*(Position/Title)*

Optometrist(s) responsible for the provider unit's CPD programmes/ activities are:

Name(s)	*Professional Qualifications*	*Position/Title*

The names of other persons involved in CPD programmes/ activities (such as speakers, presenters, etc) are:

4. ~ CPD provision experience ~

Experience in holding CPD activities?

☐ Yes. Past records of CPD activities held and the evaluation summary of the last organized CPD activities are attached.

☐ No.

5. ~ Aims & objectives of the CPD programmes/ activities ~

6. ~ Target audience ~

7. ~ Learning outcome of the CPD programmes/ activities ~

8. ~ Structure and contents of CPD programmes/ activities ~

(Please enclose the power-point presentation slides of the CPD programme or a brief description / abstract of the programme.)

9. ~ Time allocation ~

10. ~ Interpretation service for CPD programmes / activities ~

☐ **Yes.**

- ☐ **Simultaneous interpretation.**
- ☐ **Consecutive interpretation.**

☐ **No.**

11. ~ Venue and teaching/learning facilities ~

12. ~ Quality assurance and evaluation ~

(Describe all the methods used to assure quality of the programmes/ activities and evaluate the effectiveness of the programmes/ activities. Evidence of the implementation of each method should be provided. Examples include course planning committee, course handbook, information sheets, guide for designing programs, course evaluation reports, assessment of learners' performance, types of assessment, arrangement of clinical practicum, feedback from teachers & learners, etc.)