

NAME OF THE PROGRAMME ADMINISTRATOR

**APPOINTED PROGRAMME ADMINISTRATOR
PHYSIOTHERAPISTS BOARD**

Result Notification of CPD Programme Accreditation

Name of Applicant: _____

Name of Organization _____
(if applicable): _____

CPD Programme

Title : _____

Organiser : _____

Date : _____

Please be notified that the application for accreditation of the above CPD programme was:

☐ Approved, with details as follows:

CPD Points : _____

CPD Code : _____

CPD Main Category : _____

CPD Sub-Category : _____

Primary Specialty Stream : _____

Secondary Specialty Stream : _____

☐ Not Approved, due to uncertainty in the following area(s) :

☐ Programme planning team & teaching staff

☐ Programme structure

☐ Learning outcome

☐ Facilities & support

☐ Quality assurance

Name of officer in-charge of programme accreditation : _____

Signature : _____

Email Address : _____

Telephone : _____

Date : _____