

## PHYSIOTHERAPISTS BOARD

### Application for Appointment as Accredited Programme Provider of Continuing Professional Development (CPD) for Registered Physiotherapists

#### 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: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Person in-charge: \_\_\_\_\_

Title or Position: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

The provider unit administratively and operationally responsible for co-ordinating all aspects of CPD offered by the provider :

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