

NAME OF THE PROGRAMME ACCREDITOR

**APPOINTED PROGRAMME ACCREDITOR
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 follow:
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 : _____