

PLEASE SUBMIT THE FOLLOWING FORM WITH YOUR APPLICATION, ENSURING ALL THE RELEVANT DOCUMENTS ARE INCLUDED WITH YOUR APPLICATION.

	CPD Accreditation application Cover Sheet	P O Box 10813 Linton Grange 6015 Tel: 0861 113 297 admin@saslha.co.za
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TO BE COMPLETED AND SUBMITTED AS A COVER PAGE TO YOUR CPD ACCREDITATION APPLICATION

Name of Providing Organisation and/or Name Of Provider/Name of Individual (Including Registration Number)	
Postal Address of Providing Organisation and/or Provider and/or Individual	
Contact Person	
Telephone Number (Incl Area Code)	
Fax Number (Incl Area Code)	
e-Mail Address	
Activity Title	

**SUPPORTING DOCUMENTS CHECKLIST
(PLEASE INCLUDE THESE DOCUMENTS WITH YOUR APPLICATION AND NOTE THAT INCOMPLETE APPLICATIONS WILL BE RETURNED WITHOUT FURTHER PROCESSING.)**

CONTACT THE SASLHA OFFICE FOR AN ACTIVITY INVOICE, BEFORE YOU MAKE YOUR PAYMENT, IN ORDER TO HAVE YOUR PAYMENT ALLOCATED CORRECTLY.	
Proof of payment of accreditation fee	
A certified copy of the presenter/s' HPCSA registration	
A certified copy of the presenter/s' qualifications	
The presenter/s' CV	
An indication that the presenter/s are currently in practice related to the health services in the area, and have been active in the context for at least three years	

An indication of attendance at a minimum of three national or local professional activities or events of direct relevance to the field of interest during the last two years.	
The facilities available for the presentation of the CPD activities	
The scale of fees to be charged for the activity	
A sample of the attendance register that will be taken at the activity	
A sample of the certificate that will be issued	
A sample of the Event feedback or evaluation form	
Completed HPCSA Form CPD 2A	
A detailed programme of events	
In the case of applying for a programme lasting for 1 year, include a proposed schedule of journals and the limitations placed on the age of articles permitted should be outlined. Details of how copyright issues will be dealt with should be provided. Three sample articles should be submitted electronically.	

FOR OFFICE USE	
COMPLETED BY:	
DATE APPLICATION RECEIVED	
FORMAT OF APPLICATION (HARDCOPY OR ELECTRONIC)	
SUPPORTING DOCUMENTS RECEIVED. IF NOT COMPLETE, DATE THAT PROPOSAL WAS RETURNED TO APPLICANT.	
DATE PROPOSAL SUBMITTED FOR REVIEW	
REVIEWERS' NAMES USED	
DATE RECEIVED FROM REVIEWERS	
APPLICATION PROCESSED BY DATE	
PROPOSAL ACCEPTED-TOTAL CEU'S AWARDED	
PROPOSAL DECLINED - REASON	
PRESENTER/ORGANISATION CONTACTED WITH OUTCOME	