

Application for Endorsement
Continuing Professional Development

- 1. Name of the Education Provider:
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- 2. Address:-
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Telephone No:-.....
- 3. Title of the CPD activity:-
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- 4. Name of the education expertise/ presenters/resource persons and their qualifications
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- 5. Location of activity
- 6. Date or period
- 7. Number of CPD hours
- 8. Detail on the type of post activity evaluation used to assess the effectiveness of the activity (e.g. test /quiz / questionnaire)
- 9. Number of participants:-
- 10. Details on course fees (where appropriate)
- 11. Detail of the activity structure / program
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(Annex the course/ workshop/program structure)

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Signature

.....
Rubber stamp (if any)

Office use only

1. Endorsement No. and date :-

- Endorsement fee paid / not paid
 - Cheque no:-
 - Receipt no:-.....
- No endorsement fee charged
- Checked all information give in page -1

2. Observations/ Comments by Secretary

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Secretary's Signature

3. Endorsement by Chairman/ Vice Chairman

- Full endorsement
- Full endorsement subject to conditions or minor modifications
- No endorsement - major modifications required- resubmit

4. Details of Modification

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Signature of Chairman/Vice Chairman