



The Allied Health Professions Council of South Africa

Ensuring quality complementary and alternative healthcare of choice

CPD ACTIVITY/PROGRAMME/COURSE APPLICATION FORM (ANNEXURE A)

Please complete and submit this application at least thirty (30) days in advance of the intended activity to:

The Registrar, AHPCSA, Private Bag X28, Lynnwood Ridge, Pretoria 0040,
or by e-mail: cpd@ahpcsa.co.za

Applicant: Name of Organisation and / or Name of Provider and / or Name of Individual			
VAT Number (if applicable)			
Postal Address			
Target Audience			
Contact Person			
Telephone Number (Including Area Code)			
Fax Number (Including Area Code)			
E-Mail Address			
Activity Title			
Date(s) of proposed CPD Activity/ Programme / Course			
Venue (Full Address) of Activity			
Requested CEU's	Attendees:	Presenters:	Co-presenters:
Level of Proposed CPD Activity	Level 1	Level 2	Level 3
Activity Sub level (e.g Level 1.A.1)			
Specify the intended mechanism for monitoring attendance (per hour or per session) for the duration of the activity			
If Level 2, specify intended method of evaluation			
Duration of the learning activity			

Physical address: CASTELLI SUITE, IL VILLAGIO 5de HAVILLAND CRESCENT
SOUTH PERSEQUOR TECHNOPARK, PRETORIA

Postal address: Private Bag X28, Lynnwood Ridge, 0040

Tel: 012 349 2331 **Fax:** 012 349 2327

Email: registrar@ahpcsa.co.za **Website:** www.ahpcsa.co.za

Registration Fee charged for participants in Rands	
Anticipated number of participants	
Have you applied to another statutory health council / acccreditor to have this activity approved?	
If yes, to whom?	
What was the outcome? Include accreditation reference if this activity has been approved by another accreditor	
Detailed activity/programme/course outline, including lecture notes / Power Point slides (Please attach)	
Presenter(s) CV(s) (Please attach)	

GUARANTEES AND UNDERTAKINGS:

1. I hereby acknowledge, undertake and agree:

		INITIAL HERE
1.1	That the approval of the application is in the sole discretion of the AHPCSA, the CPD Committee or any of its nominees;	
1.2	That this application will only be considered on receipt of the required payment of fees. The payment of fees is non-refundable for whatsoever reason, even if the applicant's application is not approved and/or considered;	
1.3	That in the event the AHPCSA approves this application and grants me / us the right to provide the specific activity, programme and/or course stipulated above, such right is given on a non-exclusive and non-transferable basis to be subject at all times to the Criteria and Guidelines for CPD Service Providers and these terms and conditions are applicable to CPD Service Providers. The Criteria and Guidelines for CPD Service Providers, which, by reference, are hereby incorporated, are available on request and/or available on the website of the AHPCSA: https://ahpcsa.co.za > Continuing Professional Development;	
1.4	That under no circumstances, whether due to a breach of any undertaking or guarantee hereunder or any other cause arising out of delivery of the service or non-delivery of the service shall the AHPCSA, the CPD Committee or any of its nominees be liable:	

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	<p>1.4.1 for any direct, indirect, incidental, consequential, punitive or special losses or damages of any nature whatsoever, including but not limited to loss of income, loss of profits or liabilities to any attendee or any third parties; or</p> <p>1.4.2 for loss or damage of whatsoever nature arising out of the activity, programme or course presented; or for any special or punitive damages of any nature;</p>	
1.5	That if the AHPCSA, the CPD Committee or its nominees incurs any liability towards a third party for any damage relating to the activity, programme or course herein stipulated and approved, the approved Service Provider shall indemnify, defend and hold the AHPCSA, the CPD Committee or its nominees harmless against any claims;	
1.6	To monitor the attendance of the participants for the duration of the activity, programme and/or course;	
1.7	To evaluate the presentations as specified and to inform the CPD Committee accordingly;	
1.8	That the attendance register shall fully comply with the requirements as stipulated in the Criteria and Guidelines for CPD Service Providers;	
1.9	That on the completion of the activity / programme and/or course successfully, each attendee shall receive a certificate as stipulated in the Criteria and Guidelines for Service Providers;	
1.10	That the AHPCSA, the CPD Committee or its nominees have the power and authority to cancel the accreditation / right granted in the event of non-compliance with the Criteria and Guidelines for Service Providers and/or these terms and conditions;	
1.11	That in the event this application is approved, the approved CPD Service Provider shall not be entitled to cede and/or delegate his/her/its rights and or obligations under this agreement to any person and/or institution and/or entity;	
1.12	That the activity or the programme or the course does not infringe any copyright or any intellectual property of any party in whatsoever manner.	

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1.13	Not to copy, re-produce, re-work or amend in whatsoever manner any documentation of the AHPCSA, except with express written permission from the AHPCSA Registrar;	
1.14	That, in the event of the applicant being a juristic person (corporate or non-incorporate) the signatory to this agreement, who signs for and on behalf of the applicant, warrants that the applicant is duly incorporated and that its full and correct name, registration number and other details appear in all the relevant places in these documents, as well as that he/she has the authority to bind such entity and that the information contained in these documents is accurate, true and correct.	

On this day of _____ of the month of _____ 20_____

Duly authorised signature: _____

Designation: _____

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