



**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: cpd@ahpcs.co.za**

APPLICANT DETAILS			
Name of organisation/provider/individual			
AHPCSA registration number (if applicable)			
VAT number (if applicable)			
Postal address			
Contact person			
Telephone number			
E-mail address			
CPD ACTIVITY DETAILS			
Type of CPD activity	Talk/lecture	Course/workshop	Other – specify:
Title of CPD activity/programme/course			
Target audience			
Proposed date(s) of CPD activity/programme/course			
Will the activity be online (virtual) or in person?	Online	In person	
In person only: Address of the activity			
Requested CEUs for attendees and presenters	Attendees	Presenters	Co-presenters
Proposed level of CPD activity	Level 1	Level 2	Level 3
Sublevel rating of activity, e.g. Level 1 – A.1			

Specify attendance monitoring	Per hour	Per session
Level 2 only: Details on the method of evaluation		
Level 2: Journal multiple-choice questions (MCQ)	Offered to participants for free:	Participants charged a fee:
Duration and composition (number of theory/practical hours) of the learning activity/activities Please submit a programme outline / breakdown of hours for all applications	For a once-off single CPD activity:	
	Theory hours:	Practical hours:
	For a CPD activity that extends over multiple dates:	
	Number of days:	Theory hours:
Is the presenter an international speaker?	Yes	No
If yes: Is the presenter presenting face-to-face in South Africa?	Yes	No
If presenters will do practical demonstrations, do they have malpractice insurance?	Yes	No
Presenter CVs – please attach to the submission	Yes – attached	
Registration fee for participants (in Rand)	Free attendance	R
Anticipated number of participants		
Have you applied to another statutory health council/accreditor to have this activity approved?	No	Yes
If yes: ** if approved, <u>include the accreditation reference</u>	To whom? What was the outcome**?	



The Allied Health Professions Council of South Africa

Ensuring quality complementary and alternative healthcare of choice

GUARANTEES AND UNDERTAKINGS:

1. By ticking each box I acknowledge, undertake, and agree:

1.1	That the approval of the application is in the sole discretion of the AHPCSA, the CPD Committees or any of its nominees;	
1.2	Fee information will be communicated should the application be successful and payable immediately.	
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 Providers and these terms and conditions are applicable to CPD Providers. The Criteria and Guidelines for CPD 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 Committees or any of its nominees be liable:	
	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 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;	
1.5	That if the AHPCSA, the CPD Committees 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 CPD Provider shall indemnify, defend and hold the AHPCSA, the CPD Committees 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 Committees accordingly;	
1.8	That the attendance register shall fully comply with the requirements as stipulated in the Criteria and Guidelines for CPD Providers;	

1.9	That on the completion of the activity/programme/course successfully, each attendee shall receive a certificate as stipulated in the Criteria and Guidelines for CPD Providers;	
1.10	That the AHPCSA, the CPD Committees 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 CPD Providers and/or these terms and conditions;	
1.11	That in the event this application is approved, the approved CPD 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;	
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	

On this _____ (day) of _____ (month) _____ (year)

Name and surname: _____

Duly authorised signature: _____

Designation: _____