



HEALTH PROFESSIONS COUNCILS OF NAMIBIA

APPLICATION FOR APPROVAL OF ACTIVITIES ORGANISATIONS/INDIVIDUALS

SUMMARY: CRITERIA AND GUIDELINES FOR APPROVAL OF CPD ACTIVITIES

Activities approved for CPD purposes should serve to maintain or enhance the knowledge, skills and professional competence of all those who participate in them.

They should meet an educational and developmental need and provide an effective learning experience for the participants. To help arrive at a decision as to whether or not a proposed educational and developmental event should be approved for CPD purposes, it is suggested that CPD providers address the following questions:

1. **What are the educational/developmental objectives of the proposed activity?**
These should be clearly stated on the application form and on the programme. They must be appropriate to a specified group or groups of health professionals (be they general practitioners and/or specialists/subspecialists as specified).
2. **Is there a clear educational/developmental need for the proposed CPD activity?**
Ideally the need should already have been demonstrated or should be clearly perceived, for instance, because the CPD activity covers significant recent advances relevant to the practice of the intended participants.
3. **Are the location, cost, timing and duration of the proposed CPD activity appropriate?**
They should be practicable and convenient for the intended participants.
4. **Is the proposed CPD activity likely to meet the educational/developmental needs of the intended participants?**
The proposed activity and the needs of the intended participants should clearly be related. The programme should cover the subject matter in the depth and breadth appropriate to the intended participants and should allow ample time for discussion.
5. **Is the content and learning methodology of the CPD activity appropriate to the stated educational/developmental objectives?**
6. **Is the proposed activity free of undesirable commercial influence?**
The proposed activity should be ethically acceptable, of educational value, should provide a balanced view and must not be unduly promotional.
7. **Are the proposed presenters appropriate?**
Ideally they should all be accepted as experts in their fields and good communicators.
8. **Is any evaluation of the relevance of the programme, its quality and effectiveness included in the proposed activity?**
The providers should be obtaining feedback on the programme by providing participants with a means by which they can easily record their rating of the relevance, quality and effectiveness of the activity.

**APPLICATION FOR APPROVAL OF CONTINUING PROFESSIONAL
DEVELOPMENT (CPD) ACTIVITY**

Please complete and submit to the CPD Desk

Name of Providing Organisation/Individual (Including Registration Number if applicable).	
Name of the Department/s or Units, Divisions or Branch/es within the organization that will offer CPD (only for Organisations).	
The name and professional qualification/s of the Manager or Chairperson of the above (or a formally designated CPD officer).	
Address of Organisation/Individual/CPD officer.	
Name of Contact Person.	
Telephone Number.	
Fax Number.	
e-mail Address.	
Name of Activity/Program.	
Date(s) of Activity/Program.	
Venue (Full Address) of Proposed Activity (if applicable).	
Specify fee involved for participants.	
Number of hours involved.	
Suggested CEUs.	
Specify intended method of evaluation.	
Specify the intended mechanism of monitoring attendance).	
Signature of Applicant.	
Accreditation Number & Country (if activity is already accredited in another country).	

In further support of my application I submit the following documentation:

<p style="text-align: center;">ONLY FOR ORGANISATIONS</p>	<p style="text-align: center;">ONLY FOR INDIVIDUALS</p>
<ul style="list-style-type: none"> • A broad outline of the program for the forthcoming year. (The names and qualifications of the presenters of CPD activities and the topics are to be submitted on finalisation/completion of the program); • A copy of the attendance register form that will be used to record attendance; • A copy of the certificate that will be provided on completion of the activity. 	<ul style="list-style-type: none"> • A certified copy of their HPCNA registration certificate (or other relevant statutory Council e.g. Nursing, Social Work, Pharmacy); • A certified copy of their qualifications; • An indication that they are currently in practice related to the health services (clinical, teaching, research or management) and have been active in these contexts for at least three consecutive 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 previous two years; • A reference from a training institution or professional association in support of the application. (This should reflect the relevance of the activities that will be provided, an indication of the code of conduct that guides and informs the individual's professional practice; the standing of the applicant as member of a professional association or other relevant formal group.); • A reference from a colleague in an education and training institution to support the claim to current knowledge and special expertise; • A copy of the attendance register form that will be used to record attendance; • A copy of the certificate that will be provided on completion of the activity.

This is to certify that(name of Accreditor) -

has agreed to the proposed CEUs or approvedCEUs.

Specify the reasons why the above-named Accreditor does not agree to accreditation:

.....

.....

.....

.....

.....

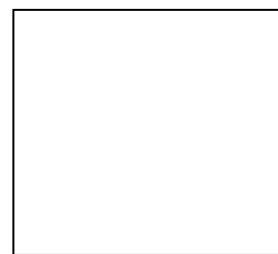
.....

.....

.....

.....

.....



**Signature on behalf of designated
HPCNA CPD Committee**

Official stamp

Date:

Designation

.....