



HEALTH PROFESSIONS COUNCIL OF NAMIBIA
APPLICATION FOR ACCREDITATION OF A SERVICE PROVIDER

SUMMARY: CRITERIA AND GUIDELINES FOR ACCREDITATION OF SERVICE PROVIDERS

Accredited Service Provider

Accredited Service Provider are the profession specific higher education institutions and departments, professional associations or formally constituted professional interest groups who meet the specified criteria and have been accredited by the HPCNA Continuing Professional Development (CPD) Committee to present learning activities for CPD.

To help determine as to whether an applicant will be considered for accreditation as a service provider, it is mandatory that the applicant respond to the following:

1. Describe your institution/ organisation/ group/ association/ facility etc.

2. What are the developmental /educational needs and goals of the above?

3. Kindly specify the mode(s) of delivery for CPD activities: (Face to face, virtual, online-ecpd, other)

4. Who is your target audience (Health Profession(s))?

5. How will you keep record of participants who attend your CPD activities?



Form CPD 2

APPLICATION TO BE AN ACCREDITED AS A SERVICE PROVIDER

TRAINING INSTITUTIONS/PROFESSIONAL ASSOCIATIONS/PROFESSIONAL INTEREST GROUPS/ ETC.

Please complete and submit via email or hand deliver to the CPD Desk

Name of Training Institution/Professional Association/Professional Interest Group/Affiliation with a professionally recognised institute	
Name of Committees/Organisations/Associations and/or Societies that has the capacity to deliver CPD	
Name of the Manager or Chairperson	
Name of CPD co-ordinator or administrator	
Address	
Contact Telephone	
Contact Fax No	
E-mail address	

The following information must be submitted in support of your application.

A broad outline of the programme for the forthcoming year. (The names qualifications and expertise of the presenters of the CPD activities and the topics are to be submitted on finalisation/ completion of the programme)	
What facilities/ venues are available for the presentation of CDP activities (lecture rooms, etc)	
What fees will be levied for CPD activities in:	
Level 1	
Level 2	
Level 3	
Ethics, Human Rights and Medical Law	
What method(s) will be used for obtaining feedback or evaluation of the activities?	
What involvement or experience do you/your institution have in health care service education?	

Documents to be attached to application:

Checklist

	Calendar of the envisioned activities (if available)
	A sample of the attendance register or form that will be used to record attendance.
	A sample of the certificate that will be provided on completion of the activity.
	A sample of monitoring and evaluation method for activity.
	BIPA business registration documents or any other official registration (if association, MoHSS)

In order to be accredited as a service provider you have to agree to –

1. Submit applications for approval of CPD activities 21 days prior to date of the activity.
2. Acknowledge that incomplete applications will not be considered.
3. Record the attendance and the CEUs awarded of each presenter and attendee.
4. Record the identity of every attendee at the CPD activities and validate attendance for the entire event.
5. Submit signed attendance registers within one (1) month after the activity via e-mail.
6. Validate completion of the CPD activity by the participant
7. Provide the attendees with a completion certificate.
8. safe keep the records for at least 3 years.
9. Be subjected to quality assurance checks as may be deemed necessary by the HPCNA from time to time.

Name and signature

Date