APPLICATION FORM FOR CPD COURSE ACCREDITATION

Note:

- Prior conducting *Category I CPD activity* accredited CPD provider should apply for the Course/training accreditation.
- Duly completed application forms should be sent to Rwanda Allied Health Professions Headquarters through rapccpdcoordination@gmail.com and copy the Deputy Registrar on uwamahoro@rahpc.org.rw

1. Course information

Training Course Title:	
Start Date:	End Date:
Start time:	End time:
Venue / Location:	
Fee(s) to be charged to the delegates:	
Number of hours (excluding break times):	
CPD Provider and provider No:	
Course facilitator (s):	
Organizer Contact Name:	Contact E-mail:
Contact number:	

2. Proposed training course, Learning objectives, teaching, Learning and Assessment methodology

Please provide precise and concise details of **main purpose** of training/event:
Please highlight the **Learning Objectives** in the form of **Learning Outcomes** for the training/event below. The learning objectives should reflect measurable learning content and be relevant to the target audience:
List **teaching and learning methods** that shall be used. (e.g. lectures / small group work / role-play / observation of procedural skills / discussion)
How will the educational material/content of the event be **assessed** by participants?

3. Target Group

Please specify the audience for whom the event is meant for (Describe in full details)

This application form must be completed and signed by the **Training/course organizer** or CPD provider

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Full Names and Signature of Course organizer **Date**