|  |  |
| --- | --- |
| HPCSA  **Form CPD 2A - 2024** | **APPLICATION FOR APPROVAL OF CONTINUING PROFESSIONAL**  **DEVELOPMENT (CPD) ACTIVITIES** |

|  |  |
| --- | --- |
| **Please complete and submit this application to a Profession-specific Accreditor, e.g., SA Medical Association**  **NOTE: The Programme/Agenda for the Activity and the Presenter’s CV must be submitted with this application preceding the activity.**  **No retrospective approval will be made**, **please apply for accreditation prior to the event** | |
| **Name of Service Provider (Company hosting event)**  **(Including Registration Number & VAT number)**  **To be invoiced:** |  |
|  |
| **Postal Address of Service Provider** |  |
|  |
|  |
| **Target Audience (e.g. General Practitioners, Specialists)** |  |
| **Service Provider Contact Person** |  |
| **Service Provider Telephone Number** |  |
| **Service Provider E-Mail Address** |  |
| **Activity Title/Name of Event** |  |
| **Name of Presenters** |  |
| **The potential of the activity to enhance professional performance (Motivation, Educational Value, brief description of educational value to delegates)**  **(Required for reporting to HPCSA)** |  |
| **Date(s) of Activity/Programme** |  |
| **Venue (Full Address) of Activity (If Applicable)** |  |
|  |
|  |
| **Level of Proposed CPD Activity, Level 1 = General Event, Level 2 = Measurable Outcome Level 3 = Formal Degree/Dip** | Level 1  Level 2  Level 3 |
| **Registration Fee involved for participants, if any** |  |
| **Duration of the learning activity (hours)** |  |
| **Suggested CPD Points (Clinical)** |  |
| **Suggested CPD Points in Medical Ethics, Human Rights and Legal Issues pertaining to health sciences** |  |
| **Specify intended method of evaluation (e.g. Questionnaire)** |  |
| **Specify the intended mechanism for monitoring attendance (per hour or per session) for the duration of the activity (e.g. Attendance Register, CPD Scanning System)** |  |
| **Have you applied to another accreditor to have this activity approved? If yes, to whom and what was the outcome? Provide reason if the application was not approved.** | Name of Accreditor: No.  Outcome and reason ................................................................... |
| **I, The Service Provider confirms, I understand that I must upload the details of the activity to the HPCSA after each event, with the provided HPCSA Upload Spreadsheet to** [**cpdproviders@hpcsa.co.za**](mailto:cpdproviders@hpcsa.co.za) **and will copy in** [**cpd@samedical.org**](mailto:cpd@samedical.org) | Yes  No |

|  |  |
| --- | --- |
| **Please complete the following regarding the optional marketing opportunity on the SAMA CPD Portal** | |
| **I, The Service Provider confirms, I wish to upload the above-listed activity to the SAMA CPD portal at an additional cost of R2500.00 ex vat.**  ***Market reach of approximately 12 000 Registered Members at the following page:*** [***https://southafricanmedical.org/events/***](https://southafricanmedical.org/events/)  **Please provide the link to your activity:**  **(Advert will be placed online as per submission of details submitted on this form)** | Yes  No |
| http://...... |

**Service Providers (Applicant):**

With the submission of this application, I

1. submit my advertisement
2. declare that the activity would not be advertised without prior approval of the Accreditor
3. undertake to monitor the attendance for the duration of the activity and provide the number of attendees to Accreditors for the activity and upload the necessary documentation to the HPCSA after the event
4. evaluate the presentations as specified and to inform the accreditors accordingly
5. recognize the authority of the Board/Accreditors to cancel the accreditation in the event of non-compliance with the criteria.
6. Declare that there is no conflict of interest

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Please provide signature, no text signatures acceptable)*

* *This form has been adapted by SAMA as per SAMA/HPCSA Updated CPD Requirements to clarify the application details.*