RENEWAL OF CPD ACCREDITATION FORM

PART I

1. Part I provides information and guidelines for filling this form.
2. Part II will contain details of the CPD accredited provider. A copy of the Council's certificate should be attached.
3. Part III relates to the calendar of events. Applicants are expected to provide a detailed annual calendar of events in as much as possible the format indicated. The calendar of events should be received by the Council not later than 31st December of the preceding year.
4. Part IV will contain information of the attendees. Providers are expected to keep a record of the attendees of each activity in the prescribed form. The list of attendees should be received by the Council not later than thirty days from the date on which the activity was held.
5. A fee of Kshs 40,000/= to be paid per calendar year.
6. An application for retention shall be deemed to be for the next calendar year and can only relate to future CPD activities to be conducted.
7. CPD providers who intend to charge participants a fee shall indicate the same on the retention form and shall provide all relevant details of the same.
8. CPD programs or activities must
    a) Have significant intellectual and practical content and should emphasize ethical aspects of practice.
    b) Be related to or be relevant to the practice of medicine.
    c) Be of relevance and benefit to medical practitioners, dental practitioners or other health professionals, or designed specifically for registered medical institutions whether government or private.
    d) Be designed with the primary objective of increasing the professional competence of the attendee.
    e) Be approved by the Council.
9. The Council's decision shall be final.

PART II

Name of Provider……

Telephone (landline)……..

Address……code……..

Physical location……

Website……..

Name of Contact Person……

Position……

Telephone……..

Email……..

Name & Signature of applicant

…… **Date**……
I hereby certify that the above information is correct to the best of my knowledge.

FOR OFFICIAL USE:

PREPARED BY: - Name:…….. Designation…….. Signature…… Date…….. **CHECKED BY: -** Name:……Designation…….. Signature……..Date……	**APPROVED/NOT APPROVED** Name…… Designation…… Signature…… Date……

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