



<p>Form No.: ECPD1.2 (Vers 1.0 Apr 2024)</p>  <p>ceasa THE CLINICAL ENGINEERING ASSOCIATION OF SOUTH AFRICA</p>	<p>CPD Developmental Activity</p> <p>Validation Application</p>	 <p>ECSA</p>
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<i>Please complete and return to CEASA (admin@ceasa.org.za)</i>	
1. Service Provider applying for Validation of an Activity	
Name of CPD Service Provider:	
Unique Verification Number:	
Website URL (if applicable):	
2. Person applying for validation on behalf of CPD Service Provider	
Surname and Initials:	
Title (Prof/Dr/Mr/Ms):	
Position Held:	
Phone Number:	
Email Address:	
Identification No: (SA ID or Passport No. if foreign national)	
3. Details of the Activity	
Title/Topic:	
Duration (Notional Hours):	
Commencement & Completion Dates:	
Location:	Venue
	Address 1
	Address 2
	City/Province
Mode of Delivery:	
Target Participants:	
Scope/Content:	

Objectives:	
Learning Outcomes:	
Number of Learning Units allocated:	
Quality Assurance in place for CPD Activity:	
4. Details of the Presenter/s	
Surname and Initials:	
Title (Prof/Dr/Mr./Ms.):	
Phone Number:	
Email Address:	
Identification Number:	

I, _____ in my capacity as _____ and authorised representative of _____ hereby apply, on behalf of the above-mentioned CPD Service Provider for validation of the above mentioned activity in terms of the Rules: Continuing Professional Development and Renewal of Registration (Board Notice 86 of 2017) and Section 10 of the Standard for Continuing Professional Development (ECPD-01-STA).

I enclose the required information/documentation in support of the application and confirm that the information/documentation, to the best of my knowledge, is accurate and complete.

Signed on the _____ day of _____ (month & year).

Signature

REQUIREMENTS THAT NEED TO BE FULFILLED WHEN APPLYING FOR VALIDATION (CHECKLIST)

1) Comprehensively completed (ECPD1.2) Application Form (as per above)	Yes/No
2) Curriculum Vitae of Activity Presenter(s) included	Yes/No
3) Certified Copy of Presenter(s) Identification Document included	Yes/No
4) Confirmation of availability of the Presenter(s) for the period of the Activity included	Yes/No
5) Activity Scope, Objectives and Learning Outcomes identified and indicated	Yes/No
6) Quality Assurance for Activity indicated	Yes/No
7) Activity pricing and cost included	Yes/No
8) Refund policy in place and indicated	Yes/No

ATTACHMENTS/DOCUMENTS TO ACCOMPANY APPLICATION:

- 1) Agreements in place (e.g. for venue, presenters, coordinators) – if services are to be outsourced, supporting documents must be provided with detailed information
- 2) Contingency plans to ensure that registered participants receive CPD Activity
- 3) Refund process and policy
- 4) Evidence of a Quality Management System (QMS)