



# APPLICATION FOR MODERATION OF CONTINUOUS PROFESSIONAL DEVELOPMENT (CPD) ACTIVITY

(Note: This application must be read in conjunction with the PCIPC CPD Policy)



**CPD Provider Details:** All fields below are compulsory.

**Legal Name of Provider or Company:** \_\_\_\_\_

**Authorized contact person:**

- Name & Surname: \_\_\_\_\_
- Email: \_\_\_\_\_
- Cell Number: \_\_\_\_\_

**Type of business (Please tick):**

- University
- Accredited training provider
- Industry association partnership
- Corporate
- Professional Body
- Private company/individual

**CPD Activity Details:** All fields below are compulsory.

Provide details of the activity for which CPD credits are being requested. Complete an “Application for Moderation of Continuous Professional Development (CPD) Activity” form for each CPD Activity being applied for.

**1. Title and brief description of the CPD activity:**

- Title: \_\_\_\_\_
- Description and Summary of the CPD Activity: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2. Outcome & Attendance:**

- What is the intended outcome of the CPD activity? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Specify the intended mechanism for monitoring attendance for the duration of the CPD activity.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- If applicable provide copies of Agenda and/or outline of presentation/topic, training materials that will be covered in support of this application.
  - Kindly see attached course outline.

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**CPD Credit Allocation:**

As the subject matter expert for your CPD activity, provide a suggested CPD credit value and brief motivation for the relevant activity outline. Your suggestion is **not** full and final but will be taken under review by the CPD committee when awarding the CPD credits.

The Guiding Principles used: The CPD committee will moderate and award the CPD credits based on two basic guiding principles.

- The duration and the richness
- The importance of the content

Kindly provide us with the following information: All fields below are compulsory.

1. **Time Duration CPD Credits:** (Note: The Committee will apply their minds to how long the activity takes place i.e., 1-hour CPD activity = 0.5 CPD Credits; 2 Day Course = 10-hours = 5 Credits.)

- Duration of the CPD Activity (Hours): \_\_\_\_\_
- Suggested Number of CPD Credits: \_\_\_\_\_

2. **Richness/ Importance of Content:** (Note: The Committee will apply their minds to the richness of the content/ presentation, the experience of the presenter and how important the content is in relation to the industries developmental needs.)

- Suggested Number of CPD Credits: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **Motivation & Speaker / Presenter:**

- Brief Motivation as to why you feel your CPD activity should be awarded with the suggested CPD credits: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Speaker / Presenter Bio profile / experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## STANDARD CONDITIONS IN THE AGREEMENT:

- Unless noted otherwise all CPD activities are effective for 12 months. The CPD activity can be annually renewed at the option of the PCIPC. Application for renewal must be submitted to the PCIPC 1 month prior to expiry. All renewals of activity will be subject to the same formal endorsement process and criteria as detailed above.
- All risk associated with any CPD session or hosting of the event such as unpaid fees and cancellation of a scheduled course or event at short notice, for whatever reason, will be borne by the training provider or the applicant and not the PCIPC.
- If applicable all application fees must be received before the organisation will be recorded and advertised on the approved provider list for PCIPC CPD endorsement.
- All providers must be able to record the identity of all attendees and provide verifiable evidence that the attendee attended the event and completed the programme.
- PCIPC does not endorse any CPD event but evaluates and approves the CPD programmes / activities in terms of the documents mentioned above and allocates CPD credits accordingly.
- Recognize the authority of the CPD Committee to cancel the accreditation in the event of non-compliance with the criteria.
- Standard breach of contract clause applies.

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## NON-DISCLOSURE:

By signing this non-disclosure agreement, the parties agree to enter into a confidential relationship with respect to the disclosure of proprietary and confidential information. Both parties agree to hold and maintain information in strictest confidence.

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

Date: \_\_\_\_\_

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I (Name and Surname) \_\_\_\_\_ duly representing,

(Organisation Name) \_\_\_\_\_ agree to the terms and conditions stipulated in this agreement.

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

Date: \_\_\_\_\_

Place Signed: \_\_\_\_\_

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**FOR OFFICIAL USE ONLY**

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CPD Activity Approved:

|            |           |
|------------|-----------|
| <b>YES</b> | <b>NO</b> |
|------------|-----------|

CPD Activity Approved with Conditions:

|            |           |
|------------|-----------|
| <b>YES</b> | <b>NO</b> |
|------------|-----------|

Specify the Conditions (If Applicable):

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CPD Activity Credits Awarded:

| Duration | Richness/Content | Total                       |
|----------|------------------|-----------------------------|
|          |                  | Duration + Richness/Content |

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CPD Activity not Approved:

|            |           |
|------------|-----------|
| <b>YES</b> | <b>NO</b> |
|------------|-----------|

Specify the reasons why the CPD activity has not been approved:

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Signature on behalf of PCIPC CPD Committee: \_\_\_\_\_

Name and Designation: \_\_\_\_\_

Date: \_\_\_\_\_