## APPLICATION FOR THE CPD COURSE ACCREDITATION

**Notice**:

* Before conducting *Category I CPD activity*, accredited CPD provider should apply for the Course accreditation.
* Completed forms should be sent to the National Pharmacy Council in hard copy or emailed to rwandanpc@gmail.com or info@pharmacycouncil.rw
1. **Course information**

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| Course Name:  |
| Start Date:  | End Date:  |
| Venue / Location:  |
| Fee(s) to be charged to participants:  |
| Number of course hours (excluding break times):  |
| CPD provider and provider No:  |
| Course organizer contact name:  | Contact e-mail: |
| Contact Tel No: |

1. **Course facilitators and qualification**

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| --- | --- | --- |
| **N0**  | **Names** | **Qualification** |
| 1 |   |   |
| 2 |   |   |
| 3 |   |   |
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1. **Course purpose, objectives, teaching and evaluation methodology**

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| Please provide details of the **main purpose** of the course: |
| Please list **learning objectives** for the course below. (Objectives should reflect measurable learning contents and be relevant to the target audience). |
| Which **teaching methods** will be used? (e.g. lectures / small group work / role-play / observation of procedural skills / discussions, etc.) |
| How will the educational content of the course be **evaluated** by participants? |

1. **Target Audience**

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| Please specify the audience for whom the course is meant (in details) |

(This declaration must be completed and signed by the CPD provider)

**Names, stamp and signature of the course organizer Date**

**…………………………………………………….. …………………………..**

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| **FOR NPC OFFICE USE ONLY**I certify that the course……………………..............................................................................................Submitted by: ………………..…………………………………………………………………………………..Is accredited **Yes No** **Number of CPD credit****Reviewed by the in charge of CPD Date****............................................................................................................................ ..…………………** (Signature)**Approved by the Permanent Secretary Date****............................................................................................................................ ..…………………** (Signature) |