## 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](mailto: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** |
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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) |