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|  | **Professional Regulation Commission** |
| APPLICATION FOR ACCREDITATION OF CPD PROGRAM |

CPD Council of RESPIRATORY THERAPY

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| **Part I. General Information** | | | | | | | | | | |
| Name of Provider: | | | | | | | | | | |
| Accreditation No.: | | | | | | Expiration Date: | | | | |
| Contact Person: | | | | | | Designation: | | | | |
| Contact No.: | | | | | | Date of Application: | | | | |
| Proposed Program: | | | | | | | | | | |
|  | Seminar |  | Seminar/Workshop |  | Residency Training | |  | Tours & Visits |  | Others \_\_\_\_\_\_\_\_\_\_ |
| Title of the Program: | | | | | | | | | | |
| Date to be offered: | | | | | | Time / Duration: | | | | |
| Place / Venue: | | | | | | No. of times program to be conducted: | | | | |
| Course Description: | | | | | | | | | | |
| Objectives: | | | | | | | | | | |
| Target Participants / No.: | | | | | | Registration / Seminar Fee to be collected: | | | | |
| **Part II. Acknowledgment** | | | | | | | | | | |
| I HEREBY CERTIFY that the above information written by me are true and correct to the best of my knowledge and belief. I further authorize PRC and other agencies to investigate the authenticity of all the documents presented.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Over Printed Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | | | | | | SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, affiant exhibited to me his/her valid government issued ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ issued at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Notary Public) | | | | |
| **Part III. Action Taken** | | | | | | | | | | |
| **Continuing Professional Development Section:**  Processed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | **Cash Division:**  Amount : \_\_\_\_\_\_\_\_\_\_\_\_\_\_  O.R.No./Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Issued by : \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Reviewed by:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Chief, Regulation Division | | | | | | | | | | |
| ACTION TAKEN BY THE CPD COUNCIL Approved for \_\_\_\_\_ Credit Units Accreditation No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Disapproved  Deferred pending compliance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Chairperson  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Member Member  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |

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| **PROCEDURE FOR ACCREDITATION OF CPD PROGRAM** |
| Step 1. Secure Application Form at Window 15, 16, or 17 of the Registration Division, PRC-PICC, or at any  of the Regional Offices, or download at PRC website ([www.prc.gov.ph](http://www.prc.gov.ph)).  Step 2. Fill-out Application Form and comply the required documents.  (Please provide one (1) set for receiving copy)  Step 3. Proceed to Window 15, 16, or 17 of the Registration Division, PRC-PICC, or at any of the  Regional Offices for evaluation and assessment.  Step 4. Pay prescribed fee (in cash, Postal Money Order, Manager’s Check, Bank Draft payable to  Professional Regulation Commission) of One Thousand Pesos (P 1,000.00).  Step 5. Submit Application Form with attached supporting documents and photocopy of official receipt to  Window 15, 16, or 17 of the Registration Division, PRC-PICC, or at any of the Regional Offices.  Step 6. Verify your application after \_\_\_days from time of submission by calling telephone numbers:  310-10-48 (PRC-Main)/810-84-15 (PRC-PICC), or email at [prc.cpdsecretariat@gmail.com](mailto:prc.cpdsecretariat@gmail.com) |
| **CHECKLIST OF REQUIREMENTS** |
| **SUPPORTING DOCUMENTS** |
| [ ] Specific course Objectives stating competencies to be gained from program  [ ] Evaluation tool specific to course objectives set  [ ] Instructional Design  [ ] Program of Activities showing time/duration of topics/workshop  [ ] Resume of Speakers for program applied for, showing expertise in the topic/s; show certificates or  citations (if any)  [ ] Current Prof. ID of speaker if registered professional; if foreigner, current Special Temporary Permit,  if applicable  [ ] Breakdown of expenses for the conduct of the program |
| **Additional Requirements:**  [ ] Short brown envelope for the Certificate of Accreditation  [ ] One set of metered documentary stamps worth Twenty-Five Pesos (P25.00) to be affixed to the  Certificate of Accreditation. (Available at PRC Customer Service and PRC Regional Offices) |
| **Note:**   1. Application for accreditation should be filed 45 days before the offering of the program/training. 2. Representative/s filing application/s for accreditation and claiming the Certificate of Accreditation in behalf of the applicant must present a letter of authorization and valid identification cards of both the authorized signatory and the representative. 3. The period for processing the application is 45 days. 4. If additional requirement/s is/are needed, a period of 15 days is given to submit the same. Failure to comply within the period shall be construed as abandonment of application and the prescribed fee shall be forfeited in favor of the government. |