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|  | **Professional Regulation Commission** |
| **COMPLETION REPORT ON CPD PROGRAM** |

CPD Council of RESPIRATORY THERAPY

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| **Part I. General Information** | |
| Name of Provider: | |
| Accreditation No.: | Expiry Date: |
| Contact Person: | Designation: |
| Contact No.: | |
| **Part II. Program Accreditation** | |
| Title of the Program: | |
| Accreditation No.: | Date of Accreditation: |
| Date Started: | Date Completed: |
| Place / Venue: | |
| Total Number of Participants: | Date Applied: |
| Executive Summary: | |
| **Part III. 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) |

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| **PROCEDURE FOR COMPLETION REPORT** |
| Step 1. Secure Completion Report 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 Completion Report 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 submission. |
| **CHECKLIST OF REQUIREMENTS** |
| **SUPPORTING DOCUMENTS** |
| [ ] List of Participants (Name & PRC License No.)  [ ] List of Lecturers, Resource Speakers, etc. (Name & PRC License No.)  [ ] Summary of evaluation of Speakers in Tabular Form  [ ] Video Recording of the proceedings, if the activity was not physically monitored by PRC authorized  Monitor/s  [ ] Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Note:**  Completion Report must be submitted within fifteen (15) working days after the CPD program offering. |