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

CPD Council of RESPIRATORY THERAPY

|  |
| --- |
| **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) |

|  |
| --- |
| **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. |