



Republic of the Philippines  
Professional Regulation Commission  
Manila

**CPE COUNCIL FOR NURSING**

**Accreditation Application Form  
Program, Activity, or Source**

**Name of CPE Provider** \_\_\_\_\_

Accreditation No. \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Contact person \_\_\_\_\_ Designation \_\_\_\_\_  
Contact Number \_\_\_\_\_ Date of Application \_\_\_\_\_

- Note: Application form should be submitted at least 30 days before the date of offering.

Information on Program/Activity/Source

Seminar       Convention       Others \_\_\_\_\_

Title of the Program \_\_\_\_\_

Date to be Offered \_\_\_\_\_ Time/Duration \_\_\_\_\_

Place/Venue \_\_\_\_\_

Course Description \_\_\_\_\_

Objectives \_\_\_\_\_

Target Participants \_\_\_\_\_

Seminar Fee Collected P \_\_\_\_\_

Documents Required for Submission to CPE Council:

- Specific course Objectives stating competencies to be gained from program
- Evaluation tool specific to course objectives set
- Program of Activities showing time/duration of topics/workshop
- Resume of Speakers for program applied for showing expertise in topic/s of program; show certificates or citations (if any)
- PRC ID No. & Expiry Dates, if foreigner submit special permit to practice in the Philippines

\_\_\_\_\_  
Signature Over Printed Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date

Amount Paid: \_\_\_\_\_

O.R. Number: \_\_\_\_\_

Date of Payment: \_\_\_\_\_

Cash Section: \_\_\_\_\_

**ACTION TAKEN**

Approved for \_\_\_\_\_ Credits Units       Disapproved  
Accreditation No. \_\_\_\_\_

- Please submit the following:
  - ( ) Actual Program Schedule
  - ( ) Completion Report

\_\_\_\_\_  
CPE Council

\_\_\_\_\_  
Date