



Republic of the Philippines
Professional Regulation Commission
Manila

CPE COUNCIL FOR _____

**Completion Report of
CPE Program, Activity, or Source**

CPE Provider _____	Accreditation No. _____
Address _____	
Tel. No. _____	Fax No. _____
E-mail Address _____	

Title of Program, Activity, or Source _____	
Program Accreditation No. _____	Date of Accreditation _____
Date Started _____	Date Completed _____
Venue _____	

Supporting Documents:

- _____ List of Participants (name & PRC License No.)
- _____ List of Lecturers, Resource Speakers, etc. (Name & PRC License No.)
- _____ Results of Evaluation (Summary)
- _____ Others _____

Certified Correct By:

Signature Over Printed Name

Position

Date