



Republic of the Philippines  
Professional Regulation Commission  
Manila

CPE COUNCIL OF \_\_\_\_\_

**REQUEST FOR SELF-ACCREDITATION OF  
PROGRAM, ACTIVITY OR SOURCE  
by Registered Professional**

Name _____		
Family Name	First Name	Middle Name
Professional License No. _____	Date Issued _____	
Date of Last Renewal _____	Expiry Date _____	
Date of Birth _____		
Residence Address _____		
Telephone No. _____	Fax No. _____	
E-mail Address _____		
Education Highest Educational attainment _____		
Current Employment Company Name _____ Position _____		
Company Address _____ Tel. No. _____		

\_\_\_\_ Academic Preparation    \_\_\_\_ Seminars/Convention/Conference    \_\_\_\_ Authorship  
\_\_\_\_ Others \_\_\_\_\_

Documents Submitted:

- Original and Photo copy of the Certificate of Attendance
- Program of Activities

**Assessed and Process by:**

Amount \_\_\_\_\_

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

**PAYMENT:**

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

\_\_\_\_\_  
Date Prepared

O. R. No. : \_\_\_\_\_

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

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

**ACTION TAKEN**

Approved for \_\_\_\_\_ units

Disapproved for \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
CPE COUNCIL