



Upon submission of your CPD application, PLEASE note the following:

(1) As soon as you have submitted your application an (2) invoice will be issued for payment, (3) as soon as proof of the payment is received your (4) application will be submitted for accreditation. Upon accreditation by the committee a (5) second invoice will be issued for the points allocated as soon as proof of payment is received your (6) accreditation number will be issued and published on the OTASA website

Administration Fee	OTASA Service Provider Activity	R228.00 per application
	OTASA Accreditors Activity	R285.00 per application

Once your application has been approved the following fees will be payable before the accreditation number is issued to you:

Other Activities	OTASA Service Provider Activity	R100.00 per point
	OTASA Accreditors Activity	R200.00 per point

OTASA Bank Account:

Standard Bank

Cheque Account, Account Number 012598216

Branch - Hatfield – Branch Code 01154500.

Please do not hesitate to contact me should you have any questions

Kind Regards

El-Ierisa Coetzee

0123625457

0866515438

otoffice@uitweb.co.za

**APPLICATION FOR APPROVAL FOR A CONTINUING PROFESSIONAL
DEVELOPMENT (CPD) ACTIVITY**

OCP002

Please complete and submit THIS application as a provider or a participant to:
The OTASA CPD Officer - P O Box 11695, Hatfield , PRETORIA, 0028 / Email: **otoffice@uitweb.co.za**
Telephone number: 012-362 5457 and **Fax number: 0866 515 438**

For office use OTHER - APPLICATION	For office use OTASA - APPLICATION
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**WHEN SUBMITTING THIS APPLICATION THE FOLLOWING NEEDS TO BE ATTACHED TO ENABLE THE
COMMITTEE TO EVALUATE YOUR APPLICATION :**

- DETAILED PROGRAM (Dates, times, topics and presenters)
- SHORT CV (to include Name of presenter, Highest qualification and his/her HPCSA Number
- Should you apply for individual activities Documentary Evidence must also be included

PROVIDER DETAILS	
Name of Institution/Individual	
Address of Institution/Individual	
(Where correspondence should be sent to)	
Person to contact regarding THIS application	
Telephone Number	
Fax Number	
E-mail address	
VENUE DETAILS	
Address	

**I HEREWITH UNDERTAKE TO MONITOR THE ATTENDANCE PER SESSION, EVALUATE THE PRESENTATIONS AS SPECIFIED AND TO INFORM THE ACCREDITORS ACCORDINGLY.
I RECOGNISE THE AUTHORITY OF THE BOARD/ACCREDITORS TO CANCEL THE ACCREDITATION ON NON-COMPLIANCE TO THE CRITERIA.**

OFFICIAL STAMP

SIGNATURE ON BEHALF OF PROVIDER

DATE:

DESIGNATION	
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ACTIVITY DETAILS

Name of Activity					
Start Date and Time (eg. 2002/01/01 08:00)			End Date and Time (eg. 2002/01/01 16:00)		
Category (Please tick applicable box)					
Organizational		<input type="checkbox"/>	Small Group		<input type="checkbox"/>
Individual		<input type="checkbox"/>			
Please indicate the subcategory					
Clinical		<input type="checkbox"/>	Non-clinical		<input type="checkbox"/>
Ethics		<input type="checkbox"/>			
Description of activity (attach detailed programme and short curriculum vita's of presenters)					
Name of presenter: _____ HPCSA No. _____ Highest Qualification _____					
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Name of presenter: _____ HPCSA No. _____ Highest Qualification _____					
Target Group					
Specify registration fee					
Indicate the potential of the activity to enhance professional performance					
Number of instructional hours involved					
Suggested CPD points attendees					
Suggested CPD points presenters					
Suggested CPD points in ethics (please attach a programme and motivate)					
Suggested CPD points in non-clinical health related activities					
Suggested total CPD points (indicate maximum points in each category)					
Specify method of evaluation					