APLICATION FOR CPD VALIDATION

Process for Training Providers

1. Go to the SACNASP website. (http://www.sacnaspcpd.org)



2. Register as a Training Provider. (Click on Application Form)

Title :	Dr 0	
Initials :		
Surname :		
Position held:		
Telephone number:		
Cell number:		
E-mail address:		
Body or Training Provider: (Ref to the S/	ACNASP Policy on CPD)	
Name of body:		
Postal Address:		
Postal Code:		
Password:		
Confirm Password:		
		Register B

5. Complete the application form and upload all documents..

	2. Details of 1	Training Event or Activity:		
Title of the Training event or Activity:				
CPD Activity Type:	Conference	Congress	Seminar	Symposium
(lick the relevant box)	Workshop	Lecture	Course	Lecture with site visit
	Training event	Video/E-Learning		
Please note:				
The half day option will only be provided f	or if the event takes place over	r a one calendar day.		
Starting date:				
Ending date:				
Allocate Hours:				_
Name of Presenter/s:				e
Target Market(Participants):				
Cost per participant:	R			
Is the activity promoting a product, if yes what product? (Ref to SACNASP CPD policy)	t YES D NO	•		
	Details of 1	Fraining Event or Activity:		
Planned dates of the event:				
Venue of activity:	Enter an address to disp	lay on the map		
Motivation for Activity to be Approved:				
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3. Login with your username and password.

You will receive a username and password via e-mail.

4. Go to CPD Application form.



- 6. Submit by clicking on "Apply"
- 7. Pay the validation cost.

* Your application will be submitted to the appropriate VA for validation and you will receive an approval letter on successful validation.