## SOUTH AFRICAN VETERINARY COUNCIL

## FORM A: APPLICATION FOR ACCREDITATION OF CPD ACTIVITY

| Profession/s who will attend.  (Indicate as required)   | VETS | VET<br>NURSES | ANIMAL<br>HEALTH<br>TECHS | VET<br>TECHS |
|---|------|---------------|---------------------------|--------------|
| Name of providing organisation and/or name of provider  |      |               |                           |              |
| Address   |      |               |                           |              |
| Name of contact person at the venue   |      |               |                           |              |
| Telephone number of contact person  |      |               |                           |              |
| Fax number  |      |               |                           |              |
| E-mail address  |      |               |                           |              |
| Name of the activity programme  |      |               |                           |              |
| Date(s) of proposed activity. Applications for accreditation of CPD must be submitted within a six (6) month period whether the application is made <u>before</u> the activity takes place or <u>after</u> the activity took place. |      |               |                           |              |
| Venue of proposed activity - supply the full address  |      |               |                           |              |
| Category of proposed activity:  |      |               |                           |              |
| Lecture   |      |               |                           |              |
| Practical   |      |               |                           |              |
| Magazine quiz   |      |               |                           |              |
| Internet/electronic   |      |               |                           |              |
| Other-specify   |      |               |                           |              |
| Activity presented by (minimum one hour):   |      |               |                           |              |
| Lecturer's/ presenter's name  |      |               |                           |              |
| Educational institution (A)   |      |               |                           |              |
|   |      |               |                           |              |

| Individual (B)  |  |  |  |  |  |
|---|--|--|--|--|--|
| Pet Food Company (C)  |  |  |  |  |  |
| Pharmaceutical company (D)  |  |  |  |  |  |
| South African Veterinary<br>Association Congress Organisers<br>(E)  |  |  |  |  |  |
| Other (F)   |  |  |  |  |  |
| Indicate the number of hours designated to:   |  |  |  |  |  |
| i) formal contact   |  |  |  |  |  |
| ii) social contact  |  |  |  |  |  |
| iii) duration of entire activity  |  |  |  |  |  |
| Specify the intended method of evaluation, if any   |  |  |  |  |  |
| Specify the intended mechanism of monitoring attendance which should include daily attendance registers.        |  |  |  |  |  |
| Confirm inclusion of a copy of the programme.   |  |  |  |  |  |
| Confirm inclusion of a copy of the proceedings.   |  |  |  |  |  |
| Confirm inclusion of a copy of the presenter/s' CV.   |  |  |  |  |  |
| Submit the proposed pro forma certificate which will be issued to attendees. (See below*)                       |  |  |  |  |  |
| Applications will not be submitted to the CPD Accreditation Committee without the <i>pro forma</i> certificate. |  |  |  |  |  |
| Signature by provider of CPD activity or on behalf of   |  |  |  |  |  |
| provider  |  |  |  |  |  |
| Date:   |  |  |  |  |  |

\*Organisers of CPD activities should note that a certificate of successful attendance of a CPD activity should include the following:

- 1. Name and SAVC registration number of attendee of CPD activity.
- 2. Name of provider of the activity.
- 3. Name of the activity/course, etc.
- 4. Date of the activity.
- 5. South African Veterinary Council's reference number of the activity.
- 6. CPD points allocated.
- 7. Signature of the provider of the event.

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| FOR OFFICE US    |                      |                  |               |                         |
|------------------|----------------------|------------------|---------------|-------------------------|
| DATE<br>RECEIVED | DATE<br>ACKNOWLEDGED | DATE<br>COMPLETE | DATE TO<br>AC | DATE<br>BACK<br>FROM AC |
|                  |                      |                  |               |                         |