

No: _____	APPLICATION FOR APPROVAL OF CONTINUING PROFESSIONAL DEVELOPMENT (CPD) ACTIVITIES	DENTASA Authorised by the SADTC
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**Please complete and submit for approval to DENTASA's CPD ADMINISTRATION OFFICE:
FAX: 087 9417 335 or e-mail to cpdadmin@dentasa.org.za
Telephone enquires: 012-460 1155**

Name of Providing Organisation and/or Name of Provider/Name of Individual (including Registration Number)		
Postal Address of Providing Organisation and/or Provider and/or individual		
Contact person (Organisation/Provider/Individual)		
Telephone Number (Including Area Code) (Organisation/Provider/Individual)		
Fax Number (Including Area Code) (Organisation/Provider/Individual)		
e-Mail Address		
Activity Title		
PLEASE NOTE THAT ACCREDITATION IS APPLICABLE TO THE YEAR IN WHICH ACTIVITY IS HELD AND NOT THE YEAR IN WHICH IT IS APPLIED FOR	Dates of Activity:	Start and End time:
Is this activity a Road Show or Repeated in other areas?	(Mark correct option) Yes / No	Please make sure that if the programme length or presenter change from submitted programme to send these detail along with application
Venue (Full physical address) of proposed activity (If applicable)		
Registration Fee involved for participants:		
Possible number of attendees:		
Number of CPD hours involved:		
Please mark who must be invoiced for the credits:	Provider / Delegate	
Specify intended method of evaluation (i.e. Questionnaire) (Please attach a copy)		
Specify the intended mechanism of monitoring attendance (Per hour or per session for the duration of the activity, i.e. Attendance Register)		

No: _____									
CREDITS	Category A These are the non-measurable activities such as attending meetings serving as moderators etc.		Category B These are activities that do have measurable outcomes but mostly presented on a once off and/or a non-continuous basis		Category C These are measurable activities specifically focused on Ethics, Jurisprudence and Business Practice and generating double credits for both the attendee and presenter.		Category D This comprises of structured learning. A formal programme and qualification intended and must have direct or indirect learning on dental technology with the intention of broadening the knowledge, skills or practice of a dental technician/technologist.		
Level of Proposed CPD Activity	Category A (Non-measurable)	√	Category B (Measurable)	√	Category C (Ethics/Business Practice)	√	Category D (Formal study and/or portfolios)	√	
REQUESTED CREDITS PER ATTENDEE									
REQUESTED CREDITS PER PRESENTER									
Have you applied to another accreditor to have this activity approved? If yes, to whom and what was the outcome?									
NOTE: Activity Programme and Presenter CV's are required to be submitted with this application. The CV's must focus on qualification and experiences as a professional and presenter and limited to one A4 page.									
The following must be included with this application (mark correct option):			Presenter CV:		Yes / No		Detailed Programme:		Yes / No

<p>To be completed by Providers only:</p> <p>With the submission of this application, I herewith undertake to monitor the attendance per session, evaluate the presentations as specified and to inform the accreditors accordingly. I recognize the authority of the SADTC/DENTASA and the CPD committee to cancel the accreditation on non-compliance to the criteria.</p> <p>Signature: (PROVIDER)</p> <p>Date:</p>
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FOR OFFICE USE ONLY:

APPROVED CREDITS PER ATTENDEE				
ACTIVITY ACCREDITATION NUMBER				
APPROVED CREDITS FOR PRESENTER				
ACTIVITY ACCREDITATION NUMBER OF PRESENTER				
APPROVAL DENIED (See attached letter for reasons)				
CV's received:		Programme received:		
Attendance register received:		Credits allocated:		
Payments correlated:		Completed:		