

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

Full Name and Surname of Applicant		
Applicants Professional Registration Number		
Postal Address		
Telephone Number (Including Area Code)		
Fax Number (Including Area Code)		
e-Mail Address		
Please indicate "✓" the category in which you are currently working.		
Public Service <input type="checkbox"/>	Training Institution <input type="checkbox"/>	Private Practice <input type="checkbox"/>
Other <input type="checkbox"/>		
Activity Title / Description		
PLEASE NOTE THAT ACCREDITATION IS APPLICABLE TO THE YEAR IN WHICH THE ACTIVITY IS HELD AND NOT THE YEAR IN WHICH IT IS APPLIED FOR	Date of Activity	Duration of the activity in hours
Venue (Full physical address) of proposed activity		
Number of CPD hours involved		

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)	✓

**Have you applied to another accreditor to have this activity approved?
If yes, to whom and what was the outcome.**

NOTE: A detailed Activity Programme must be submitted with this application.

I the undersigned, certify that the information contained in this individual activity application form is correct in all aspects.

Signature:

Date:

FOR OFFICE USE ONLY:

APPROVED CREDITS PER ATTENDEE				
ACTIVITY ACCREDITATION NUMBER				
APPROVED CREDITIS 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:		