



APPENDIX II:

CPD ACTIVITY/PROGRAM ACCREDITATION FORM

Category of CPD

Activity¹

Program²

Practitioner(s) who will attend (Indicate as required)

VET SURGEON

VET PARAPROFESSIONAL

Name of CPD provider:

Physical Address:

Name of contact person:

Telephone number of contact person:

E-mail address:

Name of the activity/program:

Date(s) of proposed activity/program:

¹ **CPD Activity** means a process that meets an educational and developmental need; and provides an effective learning experience for the participants lasting at least one (1) CP hour. 45-60 minutes (1CP hour).

² **CPD Program** means series of CPD activities lasting a minimum of 6 CPD hours and a maximum of 15 CPD hours.



Venue of proposed activity/program (hotel, plot number, town, sub-county, district):

.....
.....

Expected number of participants:

.....

Proposed mode/method of delivery

Lecture

Practical

Magazine quiz

Virtual

Symposium

Others-specify

Indicate the number of hours designated to:

i) Physical contact(theory).....

ii) Virtual.....

iii) Practical.....

iv) Duration of entire activity/program.....

Sponsorship: (Please provide list)

.....

Frequency of conducting the activity/program (if to be repeated):

Specify the intended mechanism of monitoring attendance

.....

Attach inclusion of a copy of the programme.

Confirm inclusion of a copy of the presenter/trainer/s' CV.

Confirm inclusion of a copy of the learners' evaluation form



Attach a supporting document with the following information;

- Program/Activity name/title
- Program/Activity description
- Program/Activity objectives and learning outcomes
- Teaching methods: learning activities; learning materials involved
- Methods of assessment (formative and summative)
- Methods of program/Activity evaluation
- Program/ Activity's contribution to the development of the profession and the national economy

Signature by provider of CPD activity/program or on behalf of provider.....

Date:

NOTE:

1. Submit the proposed template of the certificate which will be issued to attendees. (Applications will not be submitted to the CPD Committee without the *pro forma* certificate).

2. Organizers of CPD activities/programmes should note that a certificate of successful attendance of a CPD activity should include the following:

- i) Name and UVC registration number of attendees of CPD activity/program
- ii) Name of CPD provider of the activity/program and registration number
- iii) Name of the activity/program, etc.
- iv) Date of the activity/program
- v) UVC reference number of the activity/program
- vi) CPD points allocated
- vii) Signature of the provider of the activity/program

3. Applications for accreditation of CPD activity/program must be submitted at least six (6) months prior latest three (3) months before the activity takes place

FOR OFFICIAL USE ONLY

DATE RECEIVED: