



**APPENDIX III:**

**APPLICATION FORM FOR REGISTRATION OF CPD PROVIDER**

**A. PROVIDER INFORMATION**

1. Name of CPD Provider/Applicant \_\_\_\_\_  
\_\_\_\_\_
2. Physical Address: \_\_\_\_\_
3. Practitioner UVC Registration number or its equivalent if application by an individual: \_\_\_\_\_
4. Practitioners' UVC License Number or its e equivalent if application by an individual: \_\_\_\_\_  
\_\_\_\_\_
5. Name of coordinator/contact person (where the CPD provider is an organization or institution) \_\_\_\_\_  
\_\_\_\_\_
6. Position of Coordinator in the Organization: \_\_\_\_\_  
\_\_\_\_\_  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail address: \_\_\_\_\_
7. National Representative of the Organization (For International Applicants)  
Name \_\_\_\_\_  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail address: \_\_\_\_\_
8. Proposed CPD Year \_\_\_\_\_

**B. CATEGORY OF CPD PROVIDER**

- |                             |                          |                                |                          |
|-----------------------------|--------------------------|--------------------------------|--------------------------|
| International Organization  | <input type="checkbox"/> | Non-Governmental Organization  | <input type="checkbox"/> |
| Educational institution     | <input type="checkbox"/> | Consultant                     | <input type="checkbox"/> |
| Professional body           | <input type="checkbox"/> | Individual                     | <input type="checkbox"/> |
| Referral Centers            | <input type="checkbox"/> | E-learning institutions        | <input type="checkbox"/> |
| Leading Professional Expert | <input type="checkbox"/> | Health care facilities/Clinics | <input type="checkbox"/> |
| Laboratory                  | <input type="checkbox"/> | Pet Food Company               | <input type="checkbox"/> |



Pharmaceutical and medical equipment company

Ecosystem health specialist organizations

Others (specify): \_\_\_\_\_

\_\_\_\_\_

### C. EXPERIENCE OF the Applicant

List of CPD activities<sup>1</sup>/programs<sup>2</sup> previously conducted

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. Disclosure of conflict of interest: \_\_\_\_\_

### G. DECLARATION:

The provider declares that all information provided herein is correct and agrees to comply with the criteria; and terms and conditions of authorization.

**Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Job title** \_\_\_\_\_

**Date** \_\_\_\_\_

*Please return the duly completed application to:*

Uganda Veterinary Council

P. O. Box 16291, Wandegaya, Uganda,

Plot 76, Buganda road

E-mail: [info@uvc.or.ug](mailto:info@uvc.or.ug) / [registrar@uvc.or.ug](mailto:registrar@uvc.or.ug)

<sup>1</sup> **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).

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