FORM – I

MEDICAL LABORATORY TECHNOLOGISTS BOARD

Application Form for Assessment of Non-accredited Continuing Professional Development (CPD) Programme/Activity

Instructions: Supply complete information either directly on this form or on a form developed in a similar format.

Please enclose any syllabus or promotional pamphlets of the programme/activity with the application. Fill in below any further information if not covered in the syllabus and/or promotional pamphlets. Incomplete/inadequate information may lead to delayed approval.

Name of Applicant (Surname first)	

Type of Applicant: ☐ Individual Registrant ☐ Activities Organiser

Registration No./Part	

Address	

Telephone Number		Fax Number	

E-mail Address	

Name of Programme Organiser	

Name of Contact Person	

Title or Position	

Telephone Number		Fax. Number	

E-mail Address	

MEDICAL LABORATORY TECHNOLOGISTS BOARD

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Type of CPD programme/activity	☐ Webinar ☐ Conference ☐ Online course ☐ Seminar ☐ Other: _____

1. ~ Title of the non-accredited programme/activity ~		
2. ~ Date ~	**~ time ~**	**~ duration ~**
3. ~ Venue ~		
4. ~ Contents (e.g. Abstract/summary) ~		

5. ~ Personnel ~

Teachers, trainers, presenters, speakers, facilitators, etc. for the Programme to be assessed:

	Name(s)		Professional Qualifications		Position/Title	

6. ~ Documentation Checklist ~

Please enclose the required documents below with your application:

☐ Programme poster/promotional materials (optional)
☐ Programme timetable/rundown
☐ Programme syllabus/Abstract of events
☐ Presentation slides/teaching materials (optional)
☐ Other: _____