FORM - IP I

MEDICAL LABORATORY TECHNOLOGISTS BOARD

Application for Validation of Individual Continuing Professional Development (CPD) Programme for Registered Medical Laboratory Technologists

Part I: Fact Sheet

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

Name of Organisation	

Address	

Name of Person in-charge	

Title or Position	

Telephone Number		Fax Number	

E-mail Address	

Contact Person		Telephone Number	

E-mail Address	

Is this your organisation's first application for validation? ☐ Yes ☐ No

If no, when was accreditation originally sought?	

The section administratively and operationally responsible for co-ordinating all aspects of CPD programme offered by the organisation is (if different to the applicant):

(i.e., department/division/unit within the organisation responsible for providing CPD programme)

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Part II: Documentation for Evaluation of the CPD Programme:
Data in response to Programme Design Criteria

1. ~ Title of the programme ~ (Postgraduate diploma/ workshop/ master's degree)
2. ~ Date, time and duration ~
3. ~ Venue ~
4. ~ Aim & objectives ~

5. ~ Contents ~

6. ~ Personnel ~

The person in-charge of the Programme to be validated:

	Name(s)		Qualifications		Position/Title	

Teachers, trainers, presenters, speakers, facilitators, etc. for this Programme are:

	Name(s)		Professional Qualifications		Position/Title	

7. ~ Learning-teaching methods and facilities ~

8. ~ Methods of verifying participation and successful completion ~

9. ~ Methods of evaluation of the effectiveness of the Programme ~