



APPLICATION FOR THE CPD COURSE ACCREDITATION

Notice:

- ❖ Before conducting *Category, I CPD activity*, accredited CPD provider should apply for the Course accreditation.
- ❖ Completed forms should be sent to the National Pharmacy Council in hard copy or emailed to rwandanpc@gmail.com or info@pharmacycouncil.rw

1. Course information

Course Name:	
Start Date:	End Date:
Venue / Location:	
Fee(s) to be charged to participants:	
Number of course hours (excluding break times):	
CPD provider and provider N°:	
Course organizer contact name:	Contact e-mail:
Contact Tel N°:	

2. Course facilitators and qualification

N0	Names	Qualification
1		
2		
3		
4		
5		
6		



3. Course purpose, objectives, teaching and evaluation methodology

Please provide details of the **main purpose** of the course:

Please list **learning objectives** for the course below. (Objectives should reflect measurable learning contents and be relevant to the target audience).

Which **teaching methods** will be used? (e.g. lectures / small group work / role-play / observation of procedural skills / discussions, etc.)

How will the educational content of the course be **evaluated** by participants?

4. Target Audience

Please specify the audience for whom the course is meant (in details)

(This declaration must be completed and signed by the CPD provider)

Names, stamp and signature of the course organizer

Date

.....

.....



FOR NPC OFFICE USE ONLY

I certify that the course.....

Submitted by:

Is accredited :Yes No

Number of CPD credit:

Reviewed by the in charge of CPD

Date

.....
(Signature)

.....

Approved by the Permanent Secretary

Date

.....
(Signature)

.....