

**School of Health Systems and Public Health**

**APPLICATION FOR CPD CERTIFICATE FORM**

**PLEASE COMPLETE THE FORM:**

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| **PROGRAMME:** |  |
| **DATE OF APPLICATION:** |  |
| **FULL NAME:** |  |
| **SURNAME:** |  |
| **STUDENT NUMBER:** |  |
| **HPCSA REGISTRATION NO:** |  |
| **CPD DESCRIPTION:**  APPLICATION FOR YEAR  APPLICATION AFTER GRADUATION  OR BOTH | |
| **EMAIL ADDRESS:** |  |
| **CONTACT NO:** |  |
| **FOR OFFICE USE ONLY:** | |
| **CPD ACCREDITATION NO:** |  |
| **CPD TYPE:** |  |

**Please note that you will apply for 30 General CPD points and an additional 30 CPD points upon completion of the programme**

Please email the completed form to and/or direct any enquiries to Ms Kgomotso Modingoana ([kgomotso.modingoana@up.ac.za](mailto:kgomotso.modingoana@up.ac.za)).

You will receive a notification via e-mail once the completed forms have been sent to the HPCSA by me.