

10 York Place, Edinburgh, EH1 3EP 01848 332030 cpdhealthcare.com

CPD Activity Application

Oiti			
Organisation name			
Main contact name			
Phone number			
Email address			
Website			
Postal address			
Please describe the overall CPD activity (event/course) below. You can add details of the individual elements on the next page.			the
Title:			
Format:			
Total Duration:			
Date of submission:			
Anticipated Dates of CPD:			
Describe this CPD activity overall: (max 200 words)			



What are the overall educational objectives:			
Who is your CPD targeted at?			
How you will assess achievement of the learning objectives by the learner:			
Describe any support documentation provided:			
Describe any follow-up support provided :			
How will you verify attendance/participation?			
How will a certificate be issued			
Describe any additional evidence you are including			
Please complete the information below for each session within the CPD activity (eg each article, lecture, workshop or CPD hour). We've completed this form with an example of the information you should provide.			
Title:			
Format:			
Duration:			
Provide an educational summary of this part of your CPD: (max 300 words)			



List your learning objectives and/or anticipated learning outcomes:	
Speaker/Author's Name:	
Describe why this speaker/author is qualified to give this CPD: (max 100 words)	
How you will assess achievement of the learning objectives by the learner?	
Describe any support documentation provided:	
Describe any follow-up support provided:	
How will you verify attendance/participation?	
Describe any additional evidence you are including:	