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**CPD Program Application Form**

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|  **CPD Provider Information**  |

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| **Title of provider (Arabic):** |

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| **Title of provider (English):** |

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| **CPD Provider ID (If Available):**  | **Phone:**  |  **Email:**  |

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|  **Contact Person** |

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| **Full Name:**  | **Position in the Organization:** |

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| **Job:**  | **Phone:** | **Email** |

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| **Address:**  | **National ID:** |

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| **To be filled in case of،،Live Educational Events’’** |
| **CPD Activity specialty and subspecialty\*** |

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| --- | --- |
| **CPD Activity nature\*** | **CPD Activity nature\*** |
| * Conference
 | * Physical
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| * Course
 | * Online
 |
| * Satellite symposium
 | * Hybrid
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| * Hands on workshop
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| * Other:
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| **CPD Activity title\*:** |

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| --- | --- |
| **CPD Activity start date: \*** | **CPD Activity end date\*:** |

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| --- | --- | --- |
| **Evet Web site:** | **Phone:** | **E-mail:** |

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| --- | --- | --- |
| **Country of headquarters\***  | **City\***  | **Event Venue** |

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|  **\*CPD Activity description**  |

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| **Intended learning objectives (ILOs): \*** |

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| **Target audience\*** |

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| **Board members****Official registration title:** **Board Members (Management):****Advisory scientific board members:** |

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| **Speaker’s list****...................................................................................................................................................................................................................................................................................................................................................****...................................................................................................................................................................................................................................................................................................................................................****...................................................................................................................................................................................................................................................................................................................................................****...................................................................................................................................................................................................................................................................................................................................................** |

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| **Sponsors list****...................................................................................................................................................................................................................................................................................................................................................****...................................................................................................................................................................................................................................................................................................................................................****...................................................................................................................................................................................................................................................................................................................................................****...................................................................................................................................................................................................................................................................................................................................................** |

**Notes:**

* **All fields with mark (\*) are mandatory.**
* **It is also mandatory to attach the ،،Activity details / Program description’’with this document.**

**The following documents are to be attached as a hard copy and on a CD**

* Data of one of the highest health professions responsible for event accreditation application and available for contact, and a local syndicate license is a must (syndicate license, national ID copy, and contact numbers to be **attached**)
* Latest version of the event program, CV of speakers and session chairpersons, sponsors names, event website (if it exists)
* Ensure that all scientific committee and organizing committee members have applied their data in a hard copy of any conflict of interest which proves experience in the field and recording in the Egyptian Health Council
* Documents prove scientific committee experience and trainers.

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|  **For Office Use** |

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|  **Activity provider: recipient Date of Receipt:** **Application number:** |

 **Declaration of CPD chairperson**

“I acknowledge that I am the direct person responsible for the program of ‘Continuing Professional Development.’

Titled:

Presented by:

Accreditation submission number:

that all the data provided is correct and that I have reviewed the general rules and standards regulating the activities of continuing professional development in the field of medicine, issued by the Egyptian Health Council, as well as the governing texts referred to. I commit to abide by them and any modifications or additions to them by the council.”

**Signature**

**date**

 **seal**