**CPD Trainer Application Form**

**CPD Trainer Applicant Information**

**Full Name (Arabic):**

**Full Name (English):**

**Nationality:**

**Phone: Email:**

**Trainer Address:**

**Street Address: City: Post Code:**

**Current Job:**

**Previous Jobs:**

**Speciality:**

**Short description of the provider organization \*:**

**Registration Number in the Medical Syndicate: Year:**

\*Attach a copy of the registration document

**Higher Degrees Obtained**

\* The applicant for accreditation as a trainer with the Egyptian Health Council must bring the originals of all certificates for review by the Council’s officials.

**Previous Training Experience**

**A declaration of CPD Trainer**

**For Office Use**

**Recipient CPD trainer name:**

**Application number:**

**Date of Receipt:**

**Seal:**

**A declaration of CPD Trainer**

I acknowledge that I am (Name):

the applicant for accreditation with the number:

I’m declaring that all provided data is clear and that I recognize the rules and general guidelines that organize CPD activities for the medical field in the Egyptian Health Council in addition to the governing texts related and I pledge my commitment to them, and any modifications or additions done by the Egyptian health council to them.

**Signature:**

**date:**

**seal:**