

APPENDIX III:

APPLICATION FORM FOR REGISTRATION OF CPD PROVIDER

A. PROVIDER INFORMATION

1. Name of CDP Provider/Applicant.....
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2. Physical Address.....
3. Practitioner UVB Registration number or its equivalent if application by an individual:
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4. Practitioners’ UVB License Number or its e equivalent if application by an individual:
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5. Name of coordinator/contact person (where the CPD provider is an organization or institution)
.....
6. Position of Coordinator in the Organization.....
Tel: _____ Fax: _____ E-mail address: _____
7. National Representative of the Organization (For International Applicants)
Name _____
Tel: _____ Fax: _____ E-mail address: _____
8. Proposed CPD Year _____

B. CATEGORY OF CPD PROVIDER

International Organization	<input type="checkbox"/>	Non-Governmental Organization	<input type="checkbox"/>
Educational institution	<input type="checkbox"/>	Consultant	<input type="checkbox"/>
Professional body	<input type="checkbox"/>	Individual	<input type="checkbox"/>
Referral Centers	<input type="checkbox"/>	E-learning institutions	<input type="checkbox"/>
Leading Professional Expert	<input type="checkbox"/>	Health care facilities/Clinics	<input type="checkbox"/>
Laboratory	<input type="checkbox"/>	Pet Food Company	<input type="checkbox"/>

Pharmaceutical and medical equipment company 

Ecosystem health special  organizations

Others (specify):

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C. EXPERIENCE OF the Applicant

List of CPD activities¹/programs² previously conducted

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F. Disclosure of conflict of interest: _____

G. DECLARATION:

The provider declares that all information provided herein is correct and agrees to comply with the criteria; and terms and conditions of authorization

Name.....

Signature

Job title

Date

Please return the duly completed application to:

The Uganda Veterinary Board

P.O Box 16540, Kampala,

Plot 76, Buganda road

¹ **CPD Activity** means a process that meets an educational and developmental need; and provides an effective learning experience for the participants lasting at least one (1) CP hour. 45-60 minutes (1CP hour).

² **CPD Program** means series of CPD activities lasting a minimum of 6 CPD hours and a maximum of 15 CPD hours.