CPE FORM NO. 05-2008
Rev. 01/06-26-08

Republic of the Philippines
Professional Regulation Commission
Manila

CPE COUNCIL FOR NURSING
Accreditation Application Form
Program, Activity, or Source

Name of CPE Provider _____
Accreditation No. _____ Expiration Date _____
Contact person _____ Designation _____
Contact Number _____ Date of Application _____
*Note: This form along with requirements should be submitted at least 30 days before the date of offering.

Information on Program/Activity/Source
☐ Seminar ☐ Convention ☐ Others _____

Title of the Program _____
Date to be Offered _____ Time/Duration _____
Place/Venue_____
Course Description_____
_____
Objectives_____
_____
Target Participants (level) _____
Seminar Fee Collected PhP_____

Documents for Submission to the CPE Council for NURSING
☐ Specific course objectives stating competencies to be gained from the program
☐ Evaluation tool specific to course objectives set
☐ Program of Activities showing speakers, time/duration of topics/workshop
☐ Resume of Speakers for program applied for showing expertise in topic/s of program; show certificates or citations (if any)
☐ PRC ID No. & Expiry Dates, if foreigner submit special permit to practice in the Philippines

_____
Signature over Printed Name

Amount Paid: _____
O.R. Number: _____
Date of Payment: _____
Cash Section: _____

_____
Designation

.....

ACTION TAKEN

☐ Approved for _____ Credits Units ☐ Disapproved
Accreditation No. _____

☐ Please submit the following:
( ) Actual Program Schedule
( ) Completion Report
☐ Refer to NSCC

_____
CPE COUNCIL Chairman

_____
CPE COUNCIL Member

_____
CPE COUNCIL Member