



CE Accreditation Request Form		
CE Organizer :		
CE Co-Organizer (if applicable):		
Organizer Address:		
Tel no:	Fax no:	Email Address:
Venue for programme delivery:		
Title of programme:		
Date:	Duration:	Credit hours:

Programme contents:

Programme goals and objectives:

Description of educational methodology to be used:

Method of programme evaluation:

For official use only	
Credit hours approved by Committee.	Date approved:
Approved by:	