

# CHIROPRACTORS COUNCIL

## Application for Appointment as an Accredited Continuing Professional Development Provider

### Section A : Particulars of the Applying Organization

1. Name of the organization : \_\_\_\_\_

2. Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_

3. Person-in-charge

- Name : \_\_\_\_\_
- Position held : \_\_\_\_\_  
\_\_\_\_\_

4. Contact person

- Name : \_\_\_\_\_  
\_\_\_\_\_
- Phone number : \_\_\_\_\_
- Fax number : \_\_\_\_\_
- E-mail address : \_\_\_\_\_
- Correspondence address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Section B

### 1. Beliefs and goals of the organization

### 2. Organization structure

*(Please provide organizational chart and other schematic that depict the line of authority and organizational communication in the organization)*

### 3. Administration of CPD Activity

*(Please provide information on the unit responsible for the overall day-to-day management and organization of the CPD activities and the officer-in-charge of the unit)*

(a) Name of the responsible unit : \_\_\_\_\_  
\_\_\_\_\_

(b) Name of the responsible officer : \_\_\_\_\_

(i) Position held in the organization:

\_\_\_\_\_

(ii) Qualification(s) held:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(iii) Professional experience :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### **4. Quality Assurance Mechanism for CPD Activity**

*(Please state measures to be adopted to ensure the standards of the CPD activity and evaluation methods)*

## 5. Submission of supporting document

The following documents are enclosed –

- A completed Form A - Record of CPD activities organized in the past  
*(please refer to the requirement under Section 2.2(c))*
- A summary of the evaluation from the participants in the CPD activities  
*(please refer to the requirement under Section 2.2(c))*
- Others information (a total of \_\_\_\_\_ pages)

I am authorized by \_\_\_\_\_ *(the applying organization)* to make this application to the Chiropractors Council and declare on behalf of the organization that all the information provided in this application (including all supplementary documents) is true, complete and correct.

**Name\*** : \_\_\_\_\_

**Signature** : \_\_\_\_\_

**Date** : \_\_\_\_\_

\* The authorized person in the organization for making the application.

## **General Notes for Completion of Application Form B**

1. The application should be submitted by a person who is authorized by the organization to make the application to the Chiropractors Council on behalf of the organization.
2. Application forms and relevant documents should be submitted to the Secretariat of Chiropractors Council via one of the following means –  
  
By post : Secretariat, Chiropractors Council  
2/F, Shun Feng International Centre  
182 Queen's Road East, Wan Chai, Hong Kong  
  
By fax : (852) 2865 5540  
  
By e-mail : [chiro-council@dh.gov.hk](mailto:chiro-council@dh.gov.hk)
3. The applying organization must ensure that all the relevant parts of the application form are completed and that the information provided is true, complete and accurate. It is the duty of the applying organization to provide sufficient information to support the application. Failure to provide supporting information as requested by the Council may result in rejection of the application.
4. Should there be insufficient space in the application form, please use separate sheets as needed and indicate such in the relevant parts of the application form. Additional sheets should be submitted together with the application form.
5. The information provided in the application will be used for processing the application for appointment as the Accredited CPD Providers, keeping records for the CPD scheme and other related purposes in relation to the Chiropractors Registration Ordinance, Chapter 428 and its subsidiary legislation. It is mainly for use within the Chiropractors Council but may also be disclosed to other Government bureaux/departments, agencies or authorities which are authorized to receive information relating to law enforcement, prosecution or review of decisions. For correction of or access to the applicant's information after submitting the application form, please contact the Secretariat.
6. For enquiries, please contact the Secretariat by phone (852) 2527 8363 or by e-mail ([chiro-council@dh.gov.hk](mailto:chiro-council@dh.gov.hk)).