

CHIROPRACTORS COUNCIL

**Application for Accreditation
of Continuing Professional Development (CPD) Programme
for Registered Chiropractors**

[For completion by individual chiropractors]

Please read the Guidance Notes before completion of this form.

Particulars of the Applicant

- 1. Name of the Applicant : _____
- 2. Registration Number : _____
- 3. Contact
 - Phone number : _____
 - E-mail address : _____
 - Correspondence address : _____

Programme Information

Section 1 Types of CPD activities

(Please read section 7.1.3 before completion)

- Active / Receptive Participation in seminars / academic conferences / workshops / courses *(please complete section 2)*
- Self-study *(please complete section 3)*
- Publication *(please complete section 4)*
- Postgraduate Studies *(please complete section 5)*

(Please complete a separate Section 2 for each programme to be accredited)

**Section 2 Active/Receptive Participation in seminars/academic conferences/
workshops/courses**

2.1. Title of the programme

2.2. Name of the organizer

2.3 Details of the programme

Date : From _____ to _____

Time : From _____ to _____

*(If the programme is to be held for a number of days, please
specify the time schedule on each day)*

Duration : _____ (total in hours)

Venue : _____

2.4 Active / Receptive Participation

(Please state your mode of attendance to the activity)

Active participation
(being a speaker, moderator, panelist, presenter, teacher or trainer)

Receptive participation *(being a recipient/trainee)*

Mixed participation

[Please state the number of hours you will participate as a speaker/ moderator/ panelist/presenter/teacher/trainer (Active) and a recipient/trainee (Receptive)]

Active Participation _____ (hours)

Receptive Participation _____ (hours)

2.5 Contents of the programme (e.g. subject(s) covered in the programme)

(Applicant must submit a copy of the programme outline / prospectus / enrolment brochure or any other relevant information of the programme together with the application)

**2.6 Instructors, speakers, teachers, trainers, presenters of the programme
(for 'Receptive Participation' only)**

(Please specify the name of each instructor/presenter and his qualifications or professional experience below)

Name	Qualification or professional experience

2.7 Any other information

(Applicant may include any other information he wishes the Education Committee to consider in accreditation of the programme)

Section 3 Self-study

Self-study materials must be primarily applicable to chiropractic, including (i) scientific papers, (ii) books / book chapters / monographs published by professional publishers, and (iii) network educational programme / e-learning materials presented by academic institutions, professional bodies or government agents.

Please state the type of self-study -

Reading of paper / book / book chapters / monographs and other forms of self-study programmes **without** assessment (*please complete section 3.1*)

Self-assessment course / network educational programme (such as online tests / DVDs) / organized distance-learning and other forms of self-study programmes **with** assessment (*please complete section 3.2*)

3.1. Reading of paper / book / book chapters / monographs and other forms of self-study programmes without assessment

(Applicant must submit a copy of the paper for assessment together with the application)

3.1.1 Title of the paper/book/book chapter(s)/monographs/e-learning material(s)-

3.1.2 Author(s) –

3.1.3 Journal/volume/pages/edition/year published/pages/websites -

3.1.4 Time spent - _____ (hours) _____ (minutes)

3.1.5 Summary –

(Applicant should describe the background of the subject area, main contents of the material and conclusions or suggestions in 150 – 200 words)

3.2. Self-assessment course, network educational programme, organized distance-learning and other forms of self-study with assessment

(Please state details of the self-study course/programme)

3.3 Any other information

(Applicant may include any other information he wishes the Education Committee to consider in accreditation of the programme)

(Please complete a separate Section 4 for each publication to be accredited)

Section 4 Publication

4.1. Title of the publication

4.2 The professional journal where the paper is published

Name : _____

Year : _____

Volume & Issue No.: _____

4.3 Participation in the publication

As chief/principal author

As co-author

4.4 Abstract of the paper

(Please state below the abstract of the paper or submit a copy of the abstract together with the application)

Section 5 Postgraduate Studies

5.1 Name of the programme

5.2 The institution offering the programme

5.3 Level of the academic qualification to be attained

- Doctor of Philosophy
- Master degree (including Master of Philosophy or taught programme)
- Postgraduate Diploma
- Advanced Diploma

5.4 Participation

- Full-time
- Part-time

Section 6 Submission of supporting documents

The following documents are enclosed –

Active / Receptive participation

A copy of the programme outline / prospectus / enrolment brochure of the seminar/academic conference/course

Self-study

Reading of paper – a copy of the paper

Supporting documents for reading of book / book chapters / monographs / self-assessment course / network educational programme / organized distance-learning or other forms of self-study

Publication

An abstract of the paper published in the journal

Other information (a total of _____ pages)

I declare that all the information provided in this application (including all supplementary documents) is true, complete and correct.

Name : _____

Signature : _____

Date : _____

General Notes for Completion of Application Form A

1. Application form 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

2. The applicant may apply for accreditation of more than one CPD programme at the same time. Please complete a separate form under the relevant section for each CPD programme to be assessed.

3. Applicant 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 applicant to provide sufficient information to support the application. Failure to provide supporting information as requested by the Education Committee 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 accreditation of CPD activities, 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).