

CHIROPRACTORS COUNCIL

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

[For completion by the institution organizing the programme]

*(Application must be submitted at least 3 months before the commencement
of the programme)*

Please read the Guidance Notes before completion of this form.

Particulars of the Applying Institution

1. Name : _____

2. Nature :

Professional association

Training institution

Others (Please specify : _____)

3. Website : _____

3. Contact person

• Name : _____

• Position held : _____

• Phone number : _____

• E-mail address : _____

• Correspondence
address : _____

Programme Information

(Please complete a separate section for each programme)

1. Format of the programme

- Seminar
- Academic conference
- Course
- Workshop / Practicum
- Others (Please specify : _____)

2. Details of the programme

2.1. Title

2.2. Schedule

Date : From _____ to _____

Time : From _____ to _____

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

Duration : _____ (total in hours)

Venue : _____

2.3 Learning objectives

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

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

2.5 Instructors, speakers, teachers, trainers, presenters of the programme

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

Name	Qualification or professional experience

2.6 Any other information

(Applying institution may include any other relevant information which may help the Education Committee's consideration for accreditation of the programme)

3. Submission of supporting documents

The following documents of the programme are enclosed –

- Programme outline
- Prospectus
- Enrolment brochure
- Other information (a total of _____ pages)

I am authorized by _____ *(the applying institution)* to make this application to the Education Committee and declare on behalf of the institution that all the information provided in this application (including all supplementary documents) is true, complete and correct. I understand that the institution should fulfil the responsibilities as stated under Section 7.2.2, 7.2.3 and 7.5 of the Manual of the Voluntary CPD Scheme for Registered Chiropractors.

Name* : _____

Signature : _____

Date : _____

* The authorized person in the institution 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 applying institution to make the application to the Education Committee on behalf of the institution.
2. Application form and relevant documents should be submitted to the Secretariat of Chiropractors Council **at least three months before the commencement of the programme** 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
3. The applying institution may apply for accreditation of more than one CPD programme at the same time. Please complete a separate programme information form under the relevant section for each CPD programme to be assessed.
4. Applying institution 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 institution 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.
5. 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.
6. 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.
7. For enquiries, please contact the Secretariat by phone (852) 2527 8363 or by e-mail (chiro-council@dh.gov.hk).