



UNITED REPUBLIC OF TANZANIA
ENGINEERS REGISTRATION BOARD



APPLICATION FORM FOR CPD COURSE ACCREDITATION

1. Name of Course Provider _____

2. Address _____

3. Tel/Fax/E-mail _____

4. Title of Course/CPD Activity _____

5. Venue and Dates _____ Duration _____
(Please attach programme)

6. Targeted Participants _____

7. Brief Description _____

8. Modules / Contents of the course _____

9. Key Learning Results _____

10. Lecturer/Facilitator's name _____
(Please attach CV)

11. Costs per Participant _____

12. Targeted Number of Participants _____

13. Name and Signature of Applicant _____

14. Date of Application _____ Signature _____

Position _____ Official stamp

For official use only

Evaluation by PDA Department

1. Course relevance to CPD programme: YES / NO
2. Organizers' capacity _____
3. Name of Facilitators' _____
4. Facilitators' academic qualification _____
5. Facilitators' professional qualification _____
6. Contact hours _____
7. Equivalent PDUs _____
8. Accreditation fees to be paid _____ (Tshs/USD)
9. Approved / NOT Approved

Signature _____ Date _____