



Continuous Professional Development (CPD) Provider Application Form

SECTION A: APPLICANT DETAILS

1. Name of Provider Organization/Individual:	
2. Physical Address:	
3. Postal Address:	
4. Telephone:	
5. Email:	
6. Website:	
7. Contact Person (Name & Position):	
8. Year Established:	

SECTION B: PROPOSED CPD PROGRAMME(S) DETAILS

(Please provide separate details for each distinct programme you wish to offer.)

1. Title of CPD Programme:
2. Learning Objectives: (List 3-5 specific, measurable objectives) i. ii. iii. iv. v.
3. Detailed Course Content/Outline: (Provide a session-by-session or module-by-module breakdown, attach file)
4. Target Audience:
5. Duration: e.g., 2 days (14 CPD Hours)
6. Teaching Methods to be Used: Lectures Practical Demos Workshops Online Other (Specify): _____
7. Assessment Method for Participants: Pre/Post-Test Practical Exam Assignment Quiz Attendance
8. Proposed CPD Points:

SECTION C: FACILITATORS / FACULTY

Name	Highest Qualification & Institution	Area of Specialization	Years of Experience	Attach CV? (Y/N)

SECTION D: UNDERTAKING

I/We hereby declare that the information provided in this application form is true and correct to the best of my/our knowledge. I/We undertake to abide by the CPD guidelines and regulations of the Veterinary Council of Ghana.

Signature of
Applicant/Authorized
Representative:

Full Name (Printed):

Designation:

Date:

Official Stamp/Seal: