



Continuous Professional Development (CPD) Postgraduate Enrolment Notification Form

(For Council Records and CPD Points Pre-approval)

IMPORTANT: This form is to be completed by registered veterinary surgeons who have gained admission and are about to enroll in a postgraduate program. Submission allows the Council to update your academic records and pre-approve CPD points for your studies.

SECTION A: PERSONAL & PROFESSIONAL DETAILS

VCG Registration Number:	
Surname:	
First Name(s):	
Current Contact Address:	
Phone Number:	
Email Address:	
Current Employment Status:	Government Service Private Practice Academia Industry Unemployed
Name of Current Employer (if applicable):	

SECTION B: POSTGRADUATE PROGRAMME DETAILS

Title of Postgraduate Programme: (e.g., Master of Science in Veterinary Pathology)	
Programme Type:	Postgraduate Certificate Postgraduate Diploma Master's Degree Doctoral Degree
Field of Specialization: (e.g., Microbiology, Surgery, Public Health)	
Name of Awarding Institution:	
Country of Institution:	
Mode of Study:	Full-Time Part-Time Distance Learning
Programme Start Date:	
Expected Completion Date:	
Total Duration of Programme:	

SECTION C: CPD POINTS CLAIM (For Pre-approval)

Activity Description	Proposed CPD Points/Year	Council Use Only: Approved Points/Year
Total Proposed CPD Points/Year:		

SECTION D: SUPPORTING DOCUMENTS CHECKLIST

Please attach the following documents:

- i. Letter of Admission/Acceptance from the institution
- ii. Detailed curriculum/syllabus of the postgraduate programme
- iii. Programme duration and schedule
- iv. Copy of your current VCG practicing license

SECTION E: UNDERTAKING

I, _____, hereby declare that:

- i. The information provided in this form is true and correct to the best of my knowledge.
- ii. I have attached all required supporting documents.
- iii. I understand that:
- iv. This notification does not automatically guarantee CPD point approval
- v. Final CPD points will be awarded upon successful completion of the programme
- vi. I must submit my final certificate/transcript to the Council for verification
- vii. I am required to maintain my annual practicing license throughout the study period

Applicant's Signature: _____

Date: _____

FOR OFFICIAL USE ONLY

Application Receipt Number	
Date Received:	
Received By:	
CPD Committee Approval Status:	Approved Pending Rejected
Approved CPD Points/Year:	
Remarks:	
Officer's Signature:	Date: