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**PHARMACY COUNCIL OF MAURITIUS**

Application for Approval of CPD Programs under reg. 5(1) of the Pharmacy (Continuing Professional Development) Regulations 2018.

Name of CPD Provider: ------------------------------------------------------------------------------------------------------

Contact Name and Title: -----------------------------------------------------------------------------------------------------

Telephone: ------------------------------------- Email: -------------------------------------------------------------

Title of CPD Event: ------------------------------------------------------------------------------------------------------------

Date of CPD Event: -------------------------------------Venue: ------------------------------------------------------------ Number of seats available: --------------------------Target Audience: ---------------------------------------------------------------------------------------------------------------------------------------------------- --------------------------------

Duration: ------------------------------------- Proposed rating in CPD Points: -----------------------------

Method: Live in Person Live webcast Online Reading

Fast lane Processing required: YES / NO

If Yes, State justification: ------------------------------------------------------------------------------------------------- Biodata of speaker enclosed: YES / N0

Synopsis of CPD event enclosed: YES / NO

**(Kindly note that approval for CPD event must be submitted at least 4 weeks prior to the event)**

**For office use only**

**CPD Points Awarded Approved**: YES NO

**………………..**

Note: One application form must be filled for each CPD training programme / course

**Synopsis of Training programme or Course**

1. Title: …………………………………………….. Duration: ………………………………………..
2. Learning Objectives: ……………………………………………………………………………………………………………..

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1. Learning Outcomes: At the end of the programme, participants will be able to:
	1. …………………………………………………………………………………………………………….
	2. ……………………………………………………………………………………………………………...
	3. ………………………………………………………………………………………………………………
2. Summary of content and plan of intervention (max: 600 words). Please annex document.

**General Criteria for Approval of Program Content:**

1. In order to qualify for approval for CPD accreditation, programs and content must address topics relevant to the field of pharmacy, including but not limited to professional responsibility.
2. Applicants are encouraged to refer to the Pharmacy Council (Continuing Professional Development) Regulations 2018 and to any guidelines issued by the Pharmacy Council of Mauritius.
3. The following factors will be considered in the assessment of programs or activities for approval:
	1. Relevance of topics (to the needs of pharmacists and to the local context)
	2. Time allocated (a minimum of 1 hr. lecture for 1 CPD point followed by a reasonable time slot for questions and debate.)
	3. Learning level of subject matter
	4. Overall learning context
	5. Credentials and experience of the speaker

For additional information, please visit the website of the Pharmacy Council of Mauritius or contact the Registrar by telephone at 201 3493

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**For Pharmacy Council Use Only**

**Date: ……………………………………..**

**Approved: Not Approved:**

**Conditions and comments: ………………………………………………………...................**

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