**APPLICATION FORM FOR CPD PROVIDERS**

Date: …………………………

From: …………………………………………………………………….

 …………………………………………………………………….

To: The Registrar,

Pharmacy Council of Mauritius of Mauritius

Level 10, Emmanuel Anquetil Building,

Port Louis

**Re: Request for approval of the Pharmacy Council to provide CPD courses or training programmes for pharmacists**

1. This is to inform you that I /…………………………………………………….regularly conduct(s)

(Name of institution/association/person)

In-house and / or public CPD training programmes for pharmacists, and other members of the health profession.

1. I/ We understand that CPD for the pharmacy profession is mandatory and that the renewal of registration in January 2023 will be opened only to those who have accumulated at least 9 credit points in 2022. It is the duty of each pharmacist to communicate his standing as regards CPD points accumulated to the registrar.
2. I/We have to further inform you that I am /we are agreeable to adopt and implement the guidelines for CPD providers issued by the Pharmacy Council of Mauritius.
3. I am /we are therefore submitting my/our application to the Pharmacy Council of Mauritius to be considered as a CPD provider for a period of 12 months.
4. I/we have read and understood the provisions of the Pharmacy Council (CPD) Regulation 2018 on the website of the PC and undertake to comply with same.
5. I am / we are enclosing essential information as regards my / our capacity to organize CPD programmes and to deliver lectures.

Yours sincerely,

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Name and denomination of Signatory

Tel No.: …………………………………..

Email: …………………………………….