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|  | **Professional Regulation Commission** |
| **APPLICATION FOR ACCREDITATION AS CPD PROVIDER (LOCAL)** |

CPD Council of RESPIRATORY THERAPY

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|  | **New** |  | **Renewal** | Accreditation No. |  |
|  |  |  |  | Expiry Date |  |

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| **Part I. Personal / Corporate Information** | | | | | | |
| Name of Provider: | | | | | | |
| Classification: | | | | | | |
|  | Individual/Sole Proprietorship |  | Firm/Partnership/Corporation | |  | Government Institution/Agency |
| Address: | | | | | | |
| Telephone No.: | | | | Fax No.: | | |
| E-mail Address: | | | | Website: | | |
| Contact Person: | | | | Contact No.: | | |
| **Part II. Acknowledgment** | | | | | | |
| I HEREBY CERTIFY that the above information written by me are true and correct to the best of my knowledge and belief. I further authorize PRC and other agencies to investigate the authenticity of all the documents presented.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Over Printed Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | | | | SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, affiant exhibited to me his/her valid government issued ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ issued at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Notary Public) | | |
| **Part III. Action Taken** | | | | | | |
| **Continuing Professional Development Section:**  Processed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **Cash Division:**  Amount :\_\_\_\_\_\_\_\_\_\_\_\_\_\_  O.R.No./Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Issued by :\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Reviewed by:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Chief, Regulation Division | | | | | | |
| ACTION TAKEN BY THE CPD COUNCIL Approved Accreditation No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Deferred pending compliance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Disapproved due to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Chairperson  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Member Member  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |

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| **PROCEDURE FOR ACCREDITATION AS CPD PROVIDER (LOCAL)** | | |
| Step 1. Secure Application Form at Window 15, 16, or 17 of the Registration Division, PRC-PICC, or at any of  the Regional Offices, or download at PRC website ([www.prc.gov.ph](http://www.prc.gov.ph)).  Step 2. Fill-out Application Form and comply the required documents. (Please provide one (1) set for receiving copy).  Step 3. Proceed to Window 15, 16, or 17 of the Registration Division, PRC-PICC, or at any of the Regional Offices  for evaluation and assessment.  Step 4. Pay prescribed fee (in cash, Postal Money Order, Manager’s Check, Bank Draft payable to  Professional Regulation Commission) of Five Thousand Pesos (P 5,000.00).  Step 5. Submit Application Form with attached supporting documents and photocopy of official receipt to Window 15,  16, or 17 of the Registration Division, PRC-PICC, or at any of the Regional Offices.  Step 6. Verify your application after \_\_\_days from time of submission by calling telephone numbers:  310-10-48 (PRC-Main)/810-84-15 (PRC-PICC), or email at [prc.cpdsecretariat@gmail.com](mailto:prc.cpdsecretariat@gmail.com) | | |
| **CHECKLIST OF REQUIREMENTS** | | |
| **SUPPORTING DOCUMENTS** | | |
| **Individual / Sole Proprietor**  [ ] Résumé must include:  Relevant Educational  background, current  employment, profession,  principal area of professional  work & No. o fyears in the  practice of the regulated  profession  [ ] Valid Professional Identification  Card as Respiratory Therapist  [ ] Company Profile must include  Mission, Vision, Core Values  and if any, a list of previous  training activities conducted  [ ] List and photographs of  training equipment and  facilities  [ ] Instructional Design (one)  [ ] Annual plan of proposed CPD  Activities  [ ] DTI Certificate of Registration  (authenticated copy)  [ ] NBI Clearance (original)  [ ] BIR Certificate of Registration  (authenticated copy)  [ ] Affidavit of Undertaking(CPDD-06) | **Firm / Partnership / Corporation**  [ ] Company Profile must Include  Mission, Vision, Core Values  and if any, a list of previous  training activities conducted  [ ] List of Officers with valid  Professional ID Card (if applicable)  [ ] List and photographs of training  equipment and facilities  [ ] Instructional Design (one)  [ ] Annual plan of proposed  CPD Activities  [ ] **Appointment paper** from the  managing partner authorizing  the partner to manage CPD  activities; or **Board**  **Resolution/Secretary**  **Certificate** of a Corporation  authorizing an officer to  manage CPD activities  [ ] SEC Certificate of  Registration and Articles of  Incorporation or Partnership  and their respective By-laws  (authenticated copy)  [ ] BIR Certificate of Registration  (authenticated copy)  [ ] Affidavit of Undertaking (CPDD-06) | **Government Institution/Agency**  [ ] Copy of charter or Republic  Act establishing the agency  [ ] Instructional Design (one)  [ ] Annual plan of proposed  CPD Activities  [ ] **Office Order or its**  **equivalent** from the Head  of Agency appointing its  officer to manage the CPD  activities | |
| **Renewal**  [ ] Summative Report of the past programs for three (3) years  [ ] List and photographs of training equipments and facilities  [ ] Annual plan of proposed CPD Activities  [ ] General Information Sheet for Corporation or Partnership  [ ] Amended Articles of Incorporation or Partnership and their respective by-laws, if there are changes  [ ] **Appointment paper** from the managing partner authorizing the partner to manage CPD activities; or **Board**  **Resolution/Secretary** Certificate of a Corporation authorizing an officer to manage CPD activities; or **Office Order**  **or its equivalent** from the Head of Agency appointing its officer to manage the CPD activities ,or if there are  changes.  [ ] Affidavit of Undertaking (CPDD-06) | | |
| **Additional Requirements:**  [ ] Short brown envelope for the Certificate of Accreditation  [ ] One set of metered documentary stamps worth Twenty-Five Pesos (P25.00) to be affixed to the  Certificate of Accreditation. (Available at PRC Customer Service and PRC Regional Offices)  [ ] Soft copy of the Application including supporting documents in PDF format saved in CD.  [ ] Pre-paid pouch (preferably from Philpost) for applications filed in Regional Offices only. | | |
| **Note:**   1. Representative/s filing application/s for accreditation and claiming the Certificate of Accreditation in behalf of the applicant must present a letter of authorization and valid identification cards of both the authorized signatory and the representative. 2. The period for processing the application is 60 days. 3. If additional requirement/s is/are needed, a period of 15 days is given to submit the same. Failure to comply within the period shall be construed as abandonment of application and the prescribed fee shall be forfeited in favor of the government. 4. The Articles of Incorporation/Partnership shall include as one of its purposes the training and development   of professionals; or in the case of commercial or industrial, provides for the training and development of its own  professionals. | | |