## CPD Course Application Form

CPD providers must complete and submit this form for a course to be approved as Category A (accredited CPD course) content and assigned Continuing Education Units (CEUs) that count towards licensure requirements. Before completing this form, ensure that your organization is registered as a CPD provider which each relevant board.

**Form Submission**

To submit the form, there are two options:

1. Submit the digital form via the board’s website. If submitting this course application to multiple boards, you will need to submit the digital form on all applicable websites.
2. Fill in this Word Document and email it to all applicable boards using the contact information below:

BALMLT: balmlt.liberia@gmail.com

LBNM: nursingboardlib@gmail.com

LMDC: lmdc.lib@gmail.com / info@liberiamedicaldentalcouncil.gov.lr

LINPAB: linpab1998@gmail.com

LPB: pharmacyboardliberia@yahoo.com

LEHP: lapht63@gmail.com / info@liberiaenvironmentalhealthboard.org

No fee is required for CPD Course Application. The only fee required from CPD Providers is for the annual CPD Provider Registration.

**Part 1: CPD Provider Information**

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| **Name of CPD Provider** |  |
| **Contact Person** |  |
| **Job Title of Contact Person** |  |
| **Phone Number of Contact Person** |  |
| **Email Address of Contact Person** |  |
| **Physical Address of Contact Person** |  |
| **Website** |  |
| **Current CPD Provider Registration Expiration Date** |  |

**Facilitators**

*For each Facilitator, complete the below table (~1 sentence per cell) and attach their CV.*

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| **Name** | **Educational Qualifications** | **Professional Experience** | **Current Position & Employer** | **Any other experience related to the topic?** |
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*Reminder: any changes to the facilitators must be communicated to the approving board.*

**Part 2: CPD Structure and Content**

**Course Title**

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**Target Participants**

*Place an “X” next to all cadres that comprise the intended audience for the course. CPD courses targeting multiple cadres should be submitted to all relevant health professions board for approval. See the CPD guidelines for additional details.*

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| **Physicians and Allied Health Professionals** | **Physician** |  |
| **Specialist Physician** |  |
| **Paramedic** |  |
| **Dentist** |  |
| **Nurses and Midwives** | **Registered Nurse** |  |
| **Nurse Anesthetist** |  |
| **Ophthalmic Nurse** |  |
| **Nurse Educator** |  |
| **Mental Health Nurse** |  |
| **Nurse-Midwife** |  |
| **Certified Midwife** |  |
| **Registered Midwife** |  |
| **Pharmacists** | **Pharmacy Dispenser** |  |
| **Pharmacy Technician** |  |
| **Pharmacist** |  |
| **GP** |  |
| **Specialist** |  |
| **Physician Assistant** | **Physician Assistant** |  |
| **Laboratory Professionals** | **Laboratory Assistant** |  |
| **Laboratory Technician** |  |
| **Laboratory Technologist/Scientist** |  |
| **Laboratory Specialist** |  |
| **Environmental Health Professionals** | **Public Health Technician** |  |
| **Environmental Health Technician** |  |

**Participant Selection**

*Describe how participants will sign up or be selected. For CPD courses targeting specific individuals, explain how those individuals are prioritized.*

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**Course Duration**

*How long is the course? If occurring over multiple days or months, describe how the hours will be divided up.*

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**Proposed CEUs for Course**

*1 hour = 0.1 CEUs*

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**Course Format**

*Place an “X” next to the proposed course format. If hybrid, provide additional details of the breakdown.*

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| **In-person training** |  |
| **Online** |  |
| **Hybrid (explain)** |  |

**Course Background**

*In 1-3 sentences, describe the need for this course. What health challenge is being addressed? What best practices will be taught? What evidence informs the proposed content?*

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**Learning Objectives**

*By the end of the proposed CPD course, participants will be able to. . .*

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| * 1
* 2
* 3
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**Session Plan**

*For CPD courses that are more than 4 hours long, a session plan is required. You may add additional rows to the template below if needed.*

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| --- | --- | --- | --- | --- |
| **Session Topic** | **Facilitator** | **Duration** | **Session Objectives** | **Learning Activities** |
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**Part 3: Monitoring and Evaluation**

**Completion Criteria**

*What requirements must participants fulfill to successfully complete the course? This may include some combination of attendance, completion of assignments, and achievement of a certain score on assessments (e.g. written post-test, skills observation such as an OSCE).*

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**Course Evaluation**

*Describe how the course will be evaluated to inform ongoing improvement in CPD content and delivery. This may include post-course surveys by participants, an after-action review, etc.*

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*Thank you for proposing this CPD course! Please submit this completed form to the relevant health professions board(s).*

**Part 4: Decision (to be completed by relevant board or boards)**

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| **Reviewer Name** |  |
| **Date Reviewed** |  |

**Recommendation**

*Place an “X” next to the decision.*

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| **Accepted as Accredited CPD** |  |
| **Revise and Resubmit** |  |
| **Rejected** |  |

**CEUs Awarded**

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**Comments**

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