



Republic of the Philippines
Professional Regulation Commission
Manila

CPE COUNCIL FOR NURSING

**Accreditation Application Form
Program, Activity, or Source**

Name of CPE Provider _____

Accreditation No. _____ Expiration Date _____
Contact person _____ Designation _____
Contact Number _____ Date of Application _____

- Note: Application form should be submitted at least 30 days before the date of offering.

Information on Program/Activity/Source

Seminar Convention Others _____

Title of the Program _____

Date to be Offered _____ Time/Duration _____

Place/Venue _____

Course Description _____

Objectives _____

Target Participants _____

Seminar Fee Collected P _____

Documents Required for Submission to CPE Council:

- Specific course Objectives stating competencies to be gained from program
- Evaluation tool specific to course objectives set
- Program of Activities showing time/duration of topics/workshop
- Resume of Speakers for program applied for showing expertise in topic/s of program; show certificates or citations (if any)
- PRC ID No. & Expiry Dates, if foreigner submit special permit to practice in the Philippines

Signature Over Printed Name

Position

Date

Amount Paid: _____

O.R. Number: _____

Date of Payment: _____

Cash Section: _____

ACTION TAKEN

Approved for _____ Credits Units Disapproved
Accreditation No. _____

- Please submit the following:
 - () Actual Program Schedule
 - () Completion Report

CPE Council

Date