



ACTIVITY PROPOSAL FOR CONTINUING DEVELOPMENT PROGRAM ACTIVITY

A CPD Activity Proposal for the Evaluation of the following Professional Council/s:

(Please mark with an "X" your options)

- | | | | |
|--------------------------|-------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | Chemistry | <input type="checkbox"/> | Optometry |
| <input type="checkbox"/> | Guidance and Counseling | <input type="checkbox"/> | Pharmacy |
| <input type="checkbox"/> | Librarian | <input type="checkbox"/> | Physical Therapy |
| <input type="checkbox"/> | Medical Technology | <input type="checkbox"/> | Professional Teachers |
| <input type="checkbox"/> | Medicine | <input type="checkbox"/> | Psychology |
| <input type="checkbox"/> | Midwifery | <input type="checkbox"/> | Radiologic Technology |
| <input type="checkbox"/> | Nursing | <input type="checkbox"/> | Respiratory Therapy |
| <input type="checkbox"/> | Nutrition and Dietetics | <input type="checkbox"/> | Social Work |
| <input type="checkbox"/> | Occupational Therapy | <input type="checkbox"/> | Speech Language Pathology |

Attachments:

1. PRC Form No. 2 - Application for Accreditation of CPD Program PER INTENDED COUNCIL
Note in answering the PRC Form
NAME OF CPD PROVIDER: De La Salle Health Sciences Institute (CMRT)
ACCREDITATION NO. 2016-011
EXPIRATION DATE: August 4, 2019
CONTACT PERSON: Dr. Shirley A. Terencio
POSITION: Chairman, Continuing Professional Education
2. DLSMHSI CPD Activity Proposal / Concept Paper
3. DLSMHSI CPD Activity Instructional Design
4. DLSMHSI CPD Evaluation Tool/Checklist for the:
 - a. Objectives of the Program
 - b. Delivery of the CPD Activity (Participant Feedback / Evaluation Form)
5. Program of Activities
6. Resume/Curriculum Vitae of Speakers for program applied for, showing expertise in the topic/s; show certificates or citations (if any)
7. Current Professional ID of the Resource Speaker (if local), if foreigner, current Special Temporary Permit,
8. DLSMHSI CPD Activity Budget Report (Breakdown of Expenses and Registration)



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MEDICAL AND HEALTH SCIENCES INSTITUTE

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ACTIVITY PROPOSAL/CONCEPT PAPER FOR CONTINUING DEVELOPMENT PROGRAM

TITLE OF ACTIVITY:

PROPOSED PROGRAM: Seminar Seminar/Workshop Residency Training Tours/Visits
 Others, please specify

DATE/S OF ACTIVITY:

VENUE:

TIME/SCHEDULE:

DURATION:

ACTIVITY GENERAL DESCRIPTION:

ACTIVITY OBJECTIVES:

TARGET PARTICIPANTS:

REGISTRATION FEE:

Prepared by:

Signature over Name of Organizing Committee Head
Position, Unit/Department/College

Endorsed:

Signature over Name of Unit/Department/College Head
Position, Unit/Department

