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|  | **Professional Regulation Commission** |
| **COMPLETION REPORT ON CPD PROGRAM** |

CPD Council for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Part I. General Information** |
| Name of Provider: |
| Accreditation No.: | Expiry Date: |
| Contact Person: | Designation: |
| Contact No.:  |
| **Part II. Program Accreditation** |
| Title of the Program: |
| Accreditation No.: | Date of Accreditation: |
| Date Started: | Date Completed: |
| Place / Venue: |
| Total Number of Participants: | Date Applied: |
| Executive Summary: |
| **Part III. 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) |

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| **PROCEDURE FOR COMPLETION REPORT**  |
| Step 1. Secure Application Form at the Standards and Inspection Division counter (Window 3) or download  at PRC website (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 Standards and Inspection Division processing window for submission. |
| **CHECKLIST OF REQUIREMENTS** |
| **SUPPORTING DOCUMENTS** |
| [ ] List of Participants (Name & PRC License No.)[ ] List of Lecturers, Resource Speakers, etc. (Name & PRC License No.)[ ] Actual Program of Activities[ ] Summary of evaluation of Speakers in Tabular Form[ ] Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Note:**Completion Report must be submitted within thirty (30) calendar days after the CPD program offering. |