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| eLearning Management System of ETRU | **CPD Programme Format** |
| 1. Name of Registered CPD Provider
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| 1. Name of CPD Programme
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| 1. CPD Course
 | Name: |
| Online Link\*: |
| 1. Resource Personnel(s)
 | Content Expert(s)\*\* | Suggested Mentor(s)\*\*\* |
|  |  |
|  |  |
|  |  |
| 1. Expected Target Group
 |  |
| 1. Expected Output
 |  |
| 1. Expected Outcome
 |  |
| 1. Brief Outline of CPD Programme
 |  |
| 1. Expected CPD Points
 |  |
| 1. Authorized Signatory ofRegistered CPD Provider
 |  |
| OFFICE USE ONLY |
| 1. Decision of Accreditation Committee
 |  |
| 1. Authorize Signatory ofAccreditation Committee:
 |  |
| Instructions |
| * \* Leave blank if no online link is available, \*\* Holding an MD / PhD in the relevant subject, \*\*\* By discipline (e.g. Pathologist, Cardiologist) or designation (e.g. MOH, RE)
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| * Please register as a CPD provider by filling out the Google form using the link - <https://tinyurl.com/mohcpdprv> in the Ministry of Health website.
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| * After registration, please submit this form (one for each course/programme) with the agenda
* To download the agenda format, please click the link - <https://tinyurl.com/4z3pmpxb>
 |
| * Please submit the signed application and agenda form via the Google Form - <https://tinyurl.com/3t9bbz7h>
 |
| * Please post the hard copy to DDG (ET&R), SUWASIRIPAYA, No 385, Rev. Baddegama Wimalawansa Thero Mawatha, Colombo 10
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