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| eLearning Management System of ETRU | **CPD Programme Format** | |
| 1. Name of Registered CPD Provider |  | |
| 1. Name of CPD Programme |  | |
| 1. CPD Course | Name: | |
| Online Link\*: | |
| 1. Resource Personnel(s) | Content Expert(s)\*\* | Suggested Mentor(s)\*\*\* |
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|  |  |
| 1. Expected Target Group |  | |
| 1. Expected Output |  | |
| 1. Expected Outcome |  | |
| 1. Brief Outline of CPD Programme |  | |
| 1. Expected CPD Points |  | |
| 1. Authorized Signatory of Registered CPD Provider |  | |
| OFFICE USE ONLY | | |
| 1. Decision of Accreditation Committee |  | |
| 1. Authorize Signatory of Accreditation 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) | | |
| * 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. | | |
| * 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 | | |