



Professional Regulation Commission

APPLICATION FOR CREDITING OF SELF DIRECTED AND/OR LIFELONG LEARNING

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

Part I. Personal Information

Name:
Profession: License No.:
Date Issued: Valid Until:
Residence Address:
Telephone No.: Fax No.:
Cellphone No.: E-mail Address:
Company Name (if employed): Position:
Company Address: Telephone no.:

Self-Directed and/or Lifelong Learning:
Invention / Patent
Post-Graduate Studies
Authorship
Diploma Program
Others
Online Training
Seminars / Technical Sessions / Conference
Company sponsored training programs
Professorial Chair

Part II. 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.
SUBSCRIBED AND SWORN to before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_ at \_\_\_\_\_, affiant exhibited to me his/her valid government issued ID \_\_\_\_\_ issued at \_\_\_\_\_ on \_\_\_\_\_.
Signature Over Printed Name
Position
Date
(Notary Public)

Part III. Action Taken

Standards & Inspection Division - CPD:
Processed by:
Date:
Cash Division:
Amount:
O.R.No./Date:
Issued by:

Reviewed by:
OIC, Standards and Inspection Division

ACTION TAKEN BY THE CPD COUNCIL
Approved
Disapproved
Deferred pending compliance
Credit Units Granted:
Chairperson
Member
Member
Date