

## **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.  Signature Over Printed Name Position	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)
Date	
Part III. Action Taken	
Standards & Inspection Division – CPD:  Processed by: Date :	Amount         :           O.R.No./Date         :           Issued by         :
Reviewed by:	,
OIC, Standards and Inspection Division	
ACTION TAKEN BY THE CPD COUNCIL	
Approved Disapproved	Credit Units Granted:
Chairperson	
Member Member	Member
Date	