



MEDICAL AND DENTAL COUNCIL OF NIGERIA
CPD PROVIDERS' FORM



PASSPORT
PHOTOGRAPH
OF CEO

1. Name of Institution/Organization

.....

2. Office Address.....

.....

3. Telephone No

4. E –Mail..... Website.....

5. Category of Organization

Government

NGO

Private

6. Registration with Corporate Affairs Commission (Where Applicable)

Limited Liability

Plc

Enterprise/Business Name

7. List of Directors

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STAFF LIST/ADMINISTRATIVE SUPPORT

(Attach Separate Sheet)

8. Type of Accreditation Requested

- Basic Medical Sciences
- Medical/Dental Subspecialty
- Administration/Management
- Information and Communication Technology
- Law/Medico -Legal
- E-learning
- Others

9. Experience/Evidence of previous Performance (if any)

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10. List of Prospective Persons to Deliver **CPD**, Qualifications and evidence of Expertise (attach separate sheets, including photocopies of credentials) originals will be sighted.

All medical doctors involved must show evidence of current Practicing Licence.

11. Accreditation fees paid (attach photocopy of receipt)

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.....
Full Names and Signature of CEO

.....
Date

FOR OFFICE USE ONLY

I certify that..... has

(Name of Institution)

Fulfilled/not fulfilled the requirements of necessary for the purpose of serving as a **CPD**

Provider in the area of

.....

(Type of Activity)

.....

Name and Signature Accreditor

.....

Date

..... is hereby

(Name of Institution)

Accredited /not accredited as a **CPD** Provider in the area of

.....

(Type of Activity)

.....

Registrar

Medical and Dental Council of Nigerian

.....

Date

*Enquires about CPD could be made from cpd@mdcnigeria.org