This form should only be used for activities that have previously been accredited by PSA.

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| Section 1: Activity details |
| **Accreditation number:** |  |
| **Activity title:** |  |
| **Provider:** |  |
| **Contact details:** |  |
| **Date/s:** |  |
| **Location/s:** |  |

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| Section 2: Deviation |
| [Please describe the way in which the activity differs from the original CPD accreditation application as approved] |

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| For PSA use only |
| This activity still meets the APC *Accreditation Standards for Continuing Professional Development Activities* (2013)  | YES □ NO □If no, please explain why and how the accreditation status is affected. |
| Does the deviation from accreditation affect the original CPD activity group and/or allocation of PBA CPD credits?  | YES □ NO □If yes, please explain why and how the CPD activity group and/or allocation of Pharmacy Board of Australia CPD credits are affected.  |

Please send completed form to education@psa.org.au