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

|  |  |
| --- | --- |
| 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] |

|  |  |
| --- | --- |
| 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](mailto:education@psa.org.au)