Note: **This application should only be used for CPD activities that have previously been accredited by PSA and are still accredited.**

**If the activity’s accreditation period has expired, please apply for accreditation using the CPD Accreditation Application**, go to [www.psa.org.au/cpd/cpd-accreditation/](http://www.psa.org.au/cpd/cpd-accreditation/)

|  |  |
| --- | --- |
| CPD Activity provider | |
| Company/organisation |  |
| Contact name |  |
| Contact details |  |

|  |  |
| --- | --- |
| CPD Activity details | |
| Activity title |  |
| Accreditation number |  |
| Type of activity | *[e.g. webinar, online module, face-to-face presentation]* |
| Length of activity |  |
| Link to activity (if online) |  |

|  |  |
| --- | --- |
| Developer/Presenter *(if changed since original application; if not, include updated biography/CV*) | |
| Name |  |
| Biography/CV |  |
| Name |  |
| Biography/CV |  |
| Name |  |
| Biography/CV |  |

|  |  |
| --- | --- |
| **Changes to the CPD activity** *(detail any changes to the CPD activity)* | |
| Has the activity changed since it was last submitted for accreditation assessment? | Yes/No |
| Reason for changing the CPD activity | *Include details of the reason for change e.g. feedback from learner evaluations, changes to clinical content, current practice (See APC Standard 6)* |
| Has the method of delivery changed? | *Include details of the changed method of delivery* |
| Have the learning objectives changed? | *Include updated learning objectives, if applicable* |
| Have the Competency Standards changed? | *Include updated competency standards, if applicable* |
| Has the partner/sponsor of the activity changed? | *Include details of the new partner/sponsor, if applicable* |
| Have you submitted an evaluation summary to PSA? | *[Do you have an overdue evaluation summary? If so, you may not be eligible to apply for accreditation unless this is submitted to PSA prior to this application. Please contact PSA to discuss]* |

|  |  |
| --- | --- |
| **Reaccreditation checklist**  Please provide the following supporting evidence with this re-accreditation application | |
| □ | **ALL biographies/CVs of developers/presenters/authors if changed since original application** |
| □ | **FINAL updated content if changed since original application** |
| □ | **ALL assessment mechanisms (e.g. multiple choice questions) if changed since original application** |
| □ | **Example of the participant evaluation if changed since original application** |
| □ | **Promotional materials where available if changed since original application** |
| Additional materials required for 2- or 3-day activities: (PLEASE TICK) | |
| □ | **Finalised program if changed since original application** |

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| --- |
| Declaration |
| I hereby acknowledge and declare, to the best of my knowledge and on behalf of the company/organisation:   * I have read and understood the *APC Accreditation Standards for Continuing Professional Development Activities* (2013). * All information provided in this application is complete, correct and up-to-date in every particular. * I will ensure the activity is delivered according to the information submitted in the application and in line with the *APC Accreditation Standards for Continuing Professional Development Activities* (2013). * I understand the responsibilities accreditation places on us as the CPD activity provider. * I will advise PSA of any changes to the details in this application and submit a ‘Deviation from accreditation’ form for approval if required. * I will provide PSA with a summary of the evaluations within 1 month of completion of the activity or on a 6-monthly basis for ongoing activities. * I understand that the PSA may audit this activity at any time.   Signature: …………………………………………………………… Date: ………………………..  *I have completed this application with the full understanding of the responsibilities in relation to delivering an accredited CPD activity and my typed name acts as my signature.*  Name: .....................................................................  Role: .....................................................................  Organisation: .....................................................................  **Note: CPD providers are reminded that if CPD activities are not delivered as per this application it will be a breach of APC Accreditation Standard 3.4 *- The activity must be delivered in accordance with the application as approved*. By signing this application, CPD providers agree to these terms.** |

Send completed form to [PSAEducation@psa.org.au](mailto:PSAEducation@psa.org.au)