

CPE Event Provider Accreditation Application

For information on CPE event provider accreditation, please refer to **Guide to Compulsory CPE** provided at the Board's website.

Section A: Organisation Details	
Name of Organisation:	
Unique Entity Number (UEN) of Organisation: <i>Please attach document(s) from UEN issuance agency, e.g. ACRA, ROS, PEI etc. with a brief introduction of organisation</i>	
Type of Organisation: <i>Please tick (✓) the appropriate box</i> <input type="checkbox"/> Private TCM Organisation <input type="checkbox"/> Private TCM Clinic <input type="checkbox"/> Voluntary TCM Organisation <input type="checkbox"/> Charitable TCM Clinic <input type="checkbox"/> TCM Educational Institution <input type="checkbox"/> Others (To specify): _____	
Address:	
Website (URL address):	

Section B: Application Supporting Information
<i>Please insert additional pages if required.</i>
<p>1. Does your organisation have any past experience, or have organised CPE activities that are relevant to this application as CPE event provider? Please elaborate and provide details on the name and number of CPE events /topics conducted, name of local or overseas speakers invited, the TCM qualifications and experience of speakers.</p>
<p>2. What are the types of TCM education topics and training events that your organisation will be planning to organise in the next 12 months?</p>
<p>3. If your organisation have registered TCM practitioners under your employment (full time or part time), please provide a list of their names, job titles, and TCM registration numbers.</p>

Section C: Authorised Representative Details

CPE Operational User

Person (CorpPass user) appointed by your organisation to be responsible for operational tasks involved in the electronic submission of event accreditation applications, attendance records etc.

Name:

NRIC number:

Designation:

Gender:

Email address:

Office contact number and mobile number:

Signature:

CPE Administrator

Person (CorpPass user) authorised to be in charge of the administration of the CPE programme on behalf of your organisation.

Name:

NRIC number:

Designation:

Gender:

Email address:

Office contact number and mobile number:

Signature:

Submitted by:

Name:

Designation:

Office contact number:

Email address:

Date of submission:

Signature: