|  |  |  |
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| Page **1** of **2** | **CPD Service Provider**  **Verification Notification**  *(Only for use by an ECSA CPD Licensing Body)* |  |
| **Form No.:**  **CPD-ECPD9** |
| **Effective Date**: **27 July 2021** |
| **Rev No: 0** |

*Completion of the sections marked with an asterisk (\*) is compulsory.*

|  |  |
| --- | --- |
| **1. Organisation Details:** | |
| **Name of the Organisation:\*** |  |
| **Known As:** |  |
| |  |  | | --- | --- | | **Unique Verification Number: \*** |  | |  |
| **Phone:** **\*** |  |
| **Website:\*** |  |
| **Email Address:\*** |  |
| **VAT Number: \*** |  |
| **Physical Address: \*** | Country |
| Province |
| City |
| Address 1 |
| Address 2 |
| Address 3 |
| **Zip/Postal Code: \*** |  |

|  |  |
| --- | --- |
| **2. Person who applied for verification on behalf of the organisation:** | |
| **Surname and Initials:\*** |  |
| **Title (Prof/Dr/Mr/Ms):\*** |  |
| **Position Held: \*** |  |
| **Phone Number:\*** |  |
| **Email Address:\*** |  |
| **Identification Number:\*** |  |

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| Page **2** of **2** | **CPD Service Provider**  **Verification Notification**  *(Only for use by an ECSA CPD Licensing Body)* |  |
| **Form No.:**  **CPD-ECPD9** |
| **Effective Date**:  **27 July 2021** |
| **Rev No: 0** |

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| **3. Person who is acting as the administrator on behalf of the organisation:** | |
| **Surname and Initials:\*** |  |
| **Title (Prof/Dr/Mr/Ms):\*** |  |
| **Position Held: \*** |  |
| **Phone Number:\*** |  |
| **Email Address:\*** |  |
| **Identification Number:\*** |  |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on behalf of the

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of the ECSA CPD Licensed Body) hereby declare that the organisation as stipulated on the first page of this document has met/not met all the requirements for verification as a ECSA CPD Service Provider in terms of the Rules: Continuing Professional Development and Renewal of Registration (Board notice 86 of 2017) and Section 10 of the Standard for Continuing Professional Development (ECPD-01-STA).

I further confirm that the applicant, was awarded the status of: \*

*\* Tick appropriate block*

|  |  |
| --- | --- |
|  | Verified |
|  | Verified with specific recommendations*\** |
|  | Declined |

Details of specific recommendations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature Date