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

|  |  |  |  |
| --- | --- | --- | --- |
| *Only to be completed by an ECSA CPD Licensed Body and submitted to ECSA.* | | | |
| **Name the Licensed Body that validated the activity: \*** | |  | |
|  | |  | |
| **Name of Verified CPD Service Provider: \*** | |  | |
| **Service Provider Verification Nr.: \*** | |  | |
| **Course Category: \*** | | |  |  |  |  | | --- | --- | --- | --- | | Colloquiums |  | Lectures |  | | Conferences |  | Refresher Courses |  | | Congresses |  | Seminar |  | | Large Group  Workshops |  | E-learning/Online |  | | |
| **Activity Title: \*** | |  | |
| **Activity Validation Number: \*** | | No spaces are allowed between letters and numbers  of the validation number. | |
| **Province:** | |  | |
| **City:** | |  | |
| **Presenter’s Name: \*** | |  | |
| **Presenter’s ID or ECSA Registration Number: \*** | |  | |
| **Notional Hours: \*** | |  | |
| **Credits: \*** | | In essence,10 notional hours are equivalent to 1 credit. | |
| **Category of Registration: \*** | | |  |  |  |  | | --- | --- | --- | --- | | Professional Engineer |  | Professional Engineer Technologist |  | | Professional Certificated Engineer |  | Professional Engineer  Technician |  | | Specified Category |  | All |  | | |
|  |  | |  |
|  |  | |  |
|  |  | |  |
| **Discipline: \*** | | |  |  |  |  | | --- | --- | --- | --- | | Aeronautical  Agricultural |    | Mechanical  Mechatronics |    | |  |  |  |  | | Chemical |  | Metallurgical |  | | Civil |  | Mining |  | | Electrical |  | Industrial |  | | Electronics |  | All |  | | |
| **Nature of Activity:** | | |  |  |  |  | | --- | --- | --- | --- | | Engineering |  | Project Management |  | | Technical |  | Legal |  | | Office |  | Finance |  | | Computer Skills |  | Interpersonal Skills |  | | General Management |  |  |  | | |
| **Description:** | |  | |
| **Instances: \*** | | |  |  |  |  | | --- | --- | --- | --- | | Single |  | Multiple |  | | |
| **Validation Period: \*** | | |  |  |  | | --- | --- | --- | | Valid from: |  | Valid to: | | |

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of the ECSA CPD Licensed Body) hereby declare that the activity as stipulated on the first page of this document has met/not met all the requirements for validation as an ECSA CPD Pre-validated activity in terms of the Rules: Continuing Professional Development and Renewal of Registration as seen in the Government Gazette and Section 10 of the Standard for Continuing Professional Development (ECPD-01-STA).

I further confirm that the ECSA CPD Pre-validated activity was awarded the following outcome:

|  |  |
| --- | --- |
|  | Full Validation |
|  |  |
|  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date