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

|  |  |
| --- | --- |
| ***Only to be completed by an ECSA CPD Licensed Body for verified CPD Service Provider and submitted to ECSA*** | |
| **Name the Licensed Body that verified the provider: \*** |  |
|  | |
| **1. Organisation Details:** | |
| **Name of the Provider: \*** |  |
| **Known As:** |  |
| |  |  | | --- | --- | | **Provider Verification Number: \*** |  | | No spaces are allowed between the letters and numbers  of the verification number. |
| **Verification Period: \*** | |  |  |  | | --- | --- | --- | | Valid from: |  | Valid to: | |
| **Contact number:** **\*** |  |
| **Webpage: \*** |  |
| **Email Address: \*** |  |
| **VAT Number: \*** |  |
| **Physical Address: \*** | Country |
| Province |
| City |
| Address 1 |
| Address 2 |
| Address 3 |
| **Postal Code: \*** |  |

|  |  |
| --- | --- |
| **2. Person who applied for verification on behalf of the provider:** | |
| **Name and Surname: \*** |  |
| **Title (Prof/Dr/Mr/Ms): \*** |  |
| **Designation: \*** |  |
| **Contact Number: \*** |  |
| **Email Address: \*** |  |

|  |  |
| --- | --- |
| **3. Person who is acting as the administrator on behalf of the provider:** | |
| **Name and Surname: \*** |  |
| **Title (Prof/Dr/Mr/Ms): \*** |  |
| **Designation: \*** |  |
| **Contact Number: \*** |  |
| **Email Address: \*** |  |

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of the ECSA CPD Licensed Body) hereby declare that the provider as stipulated on the first page of this document has met/not met all the requirements for verification as an ECSA CPD Service Provider 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 applicant was awarded the status of: \*

|  |  |
| --- | --- |
|  | Verified (meets requirements) |
|  |  |

*\*ECSA will only accept, and upload verified CPD Service Providers that meet all requirements as per Section 10 Standard for Continuing Professional Development (ECPD-01-STA REVISION No. 4: 25 June 2024)*

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

Signature Date