

PSYCHOLOGICAL ASSOCIATION OF THE PHILIPPINES

Application for Accreditation as Continuing Professional Education Provider

Name of Organization: _____

Mailing address of the organization: _____

Telephone: _____ Fax: _____ Email: _____

Head of the organization: _____

Contact person for the PAP: _____

Please submit the following to the PAP:

- (a) Organizational structure of your organization, with names of persons assigned to key leadership positions. *(for first time applicants unless there have been changes in the structure since accreditation)*
- (b) Curriculum vitae of persons in key leadership positions *(for first time applicants unless there have been changes in the structure since accreditation)*
- (c) Listing and documentation for all psychology-related training activity offered in the last 3 years *(please provide copy of program, training materials, CV of the trainer/facilitators, and evaluation reports.)*
- (d) List of PAP members who attended your programs *(For those renewing their application)*

Nature of Application:

_____ **one-year accreditation or first time (accreditation fee: P3,000 non-refundable even if the application is not approved)**

_____ three-year renewal of accreditation for those who have already previously been accredited by PAP. (Fee: P7,500).

Mode of payment: ___ Cash ___ Check (Bank name and check #)

 ___ Bank deposit (please attach copy of deposit slip)

DEADLINE FOR APPLICATION: 28 February 2015

Received by: _____ (signed by PAP Staff) Date: _____