



Republic of the Philippines  
Professional Regulation Commission  
Manila

CPD COUNCIL FOR \_\_\_\_\_

APPLICATION FOR CREDITING  
OF SELF DIRECTED AND/OR LIFELONG LEARNING

Name _____		
Family Name	First Name	Middle Name
Professional License No. _____	Date Issued _____	
Date of Last Renewal _____	Expiry Date _____	
Date of Birth _____		
Residence Address _____		
Telephone No. _____	Fax No. _____	
Cellphone No. _____	E-Mail Address _____	
Education Highest Educational attainment _____		
Current Employment Company Name _____ Position _____		
Company Address _____		Tel. No. _____

**Self-directed and/or Lifelong Learning:**

- |  |  |
|--|--|
| <input type="checkbox"/> Invention/Patent      | <input type="checkbox"/> Online training                     |
| <input type="checkbox"/> Post-Graduate Studies | <input type="checkbox"/> Seminars/Convention/Conference      |
| <input type="checkbox"/> Authorship            | <input type="checkbox"/> Company sponsored training programs |
| <input type="checkbox"/> Diploma Program       | <input type="checkbox"/> Professorial Chair                  |
| <input type="checkbox"/> Others _____          |  |

**Documents Submitted:**

- |  |   |
|--|---|
| <input type="checkbox"/> Original and Photocopy of Certificate of Attendance | <input type="checkbox"/> Certificate of Patent  |
| <input type="checkbox"/> Program of Activities                               | <input type="checkbox"/> Copy of published material/book                              |
| <input type="checkbox"/> Diploma/TOR/Certificate of Completion/etc.          | <input type="checkbox"/> Certificate of Entitlement/Appointment as Professorial Chair |

\_\_\_\_\_  
Signature Over Printed Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date

=====  
Processed by: \_\_\_\_\_  
Date : \_\_\_\_\_

Amount Paid: \_\_\_\_\_  
O.R. No./Date: \_\_\_\_\_  
Cash Section: \_\_\_\_\_