

# Focus on Health online CPD membership application form for 2017

(We look forward to welcoming you as a valued member)

Complete sections A - I

## A) Personal details

Title	Prof	Dr	Mr	Mrs	Miss	HPCSA reg No:							
ID Nr:													
Full names:							Surname:						

## B) Contact details

Cell:		Tel (W):			
Tel (H):		Fax:			
Email:					

## C) Additional CPD activities

Do you need CPD activities for years other than 2017? <small>(Purchase CPD activities, at an additional cost – we will contact you once we receive your application for the price)</small>		
1. 2015	YES / NO	I need an additional _____ clinical CEU('s) and _____ ethics CEU('s) for 2015
2. 2016	YES / NO	I need an additional _____ clinical CEU('s) and _____ ethics CEU('s) for 2016

## D) Audit

Have you received an audit letter from HPCSA? Please fax this letter together with other CPD certificates you have previously received with other CPD providers to us.					
When is your audit due:			Audit period:		
1. How many valid CEU's do you have for this audit period:	Ethics	Clinical	2. How many extra CEU's do you need for this audit period:	Ethics	Clinical

## E) Delivery Method

(Tick the box of your preferred delivery)

<b>EMAIL</b>	<b>POST</b> <small>(complete section F)</small>	<b>COLLECT</b>	<b>COURIER</b> <small>(complete section F)</small>
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## F) Delivery address

Physical address	Postal address

## G) Payment method

(Tick the box of your preferred payment)

<b>Once-off EFT payment</b> <small>(ABSA Cheque acc:405 843 7431, Branch Code: 632 005, Ref No: HPCSA no)</small>	<b>Monthly debit order</b> <small>(Cost provided under "General Info &amp; Cost" on the CPD tab of our website: <a href="http://fohcpd.co.za/cpd/">http://fohcpd.co.za/cpd/</a> &amp; debit order form on the back)</small>
<b>Promotional code</b> <small>Give us your promotional code to receive the relevant discount</small>	

## H) General queries

Would you like to complete your answer sheets online (Your login details will be sent to you via sms)	YES	NO
Are there colleagues registered with Focus on Health working with you <small>(We will call to arrange for a corporate delivery of all you CPD activities to your work place )</small>	YES	NO
Were you referred by a member of Focus on Health? (Please supply us with their Focus on Health membership no. or full names and surname for their discount to be processed)		

## I) Terms and conditions

Focus on Health membership represents an annual subscription. Membership fees will be due and payable once Focus on Health has emailed, couriered, posted or personally delivered accredited activities to the member. When an activity is posted, a "test" envelope is included in each batch to check delivery. For the members' convenience, membership is renewed on the last day of the applicable calendar year. Following which Focus on Health will provide the member with his/her CPD activity for that year. All membership cancellations should be submitted twenty (20) business days on or before the renewal date on 1 January of each year. Focus on Health will supply the member with his/her CPD activity via the selected delivery option and details provided above. It is the members' responsibility to inform Focus on Health of any changes. Please contact us within 2weeks after submitting this application, if you did not receive your CPD activity. Please contact us if you did not receive your membership number via SMS within 24-36 hours. All correspondence and receipt of payments sent to Focus on Health will be confirmed via SMS to the member.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

The completed form can be faxed to 086 6144 200 / 012 653 2073, emailed to safocus@iafrica.com, sent a photo via whatsapp to 074 230 3874