

For Provider Training

Application For Accreditation of CPD hours

V20240207



TRAINING SESSION DETAILS

Topic:	
Training Provider: (e.g: Somp, Eastspring)	
Date of Training:	
Time of Training: (e.g: 10am to 12pm)	to
Learning Objectives:	

TRAINING TYPE & RECOMMENDED CPD HOURS (Tick "✓" in the appropriate box ☐ and state the hour(s) accordingly)

☐ A&H CPD Hours: _____ ☐ Core CPD Hours: _____ ☐ GI CPD Hours: _____

☐ Supplementary CPD Hours: _____

DECLARATION BY TRAINER

I (Name & Designation) _____ confirm that I have conducted the above training session and the training is in line with LIA or/and GIA Guidelines, hence recommend the CPD hours as per stated.

Signature: _____ Date: _____

SUBMISSION REQUIREMENTS

Information submitted by: _____ Date: _____

Contact: _____

It is **compulsory** to submit Training Material(s) and Original Attendance List.

Training Material(s) attached? ☐ Yes ☐ No, Reason: _____

Original Attendance attached? ☐ Yes ☐ No

FOR OFFICIAL RECORDS (To be completed by T&C Department only)

Attendance List received? <input type="checkbox"/> Yes <input type="checkbox"/> No	Training Material Received? <input type="checkbox"/> Yes <input type="checkbox"/> No
Data entered on: _____ By: _____ Signature: _____	