



Republic of the Philippines

PROFESSIONAL REGULATION COMMISSION

CPD Accreditation System

PROVIDER ACCOUNT

Application as Provider

PUBLIC SITE (Provider) – Apply as Accredited Provider

The screenshot shows the CPDAS website home page. At the top left is the logo of the Professional Regulation Commission (PRC) and the text "PROFESSIONAL REGULATION COMMISSION" and "CONTINUING PROFESSIONAL DEVELOPMENT ACCREDITATION SYSTEM". The main heading is "Welcome to CPDAS" with the subtitle "Continuing Professional Development Accreditation System" and a "Get Started" button. A navigation menu at the top right includes "REGISTRATION", "ABOUT US", "SERVICES", and "CONTACT". A red box highlights the "REGISTRATION" link, with a red arrow pointing down to a red-bordered box around the "Apply as CPD Provider" option in the main navigation area. This option includes an icon of two people and the text "Apply as CPD Provider" and "Click here to fill up the registration form and be an Accredited CPD Provider." Other options include "Accredited Programs" and "Professional Registration".


PROFESSIONAL REGULATION COMMISSION
CONTINUING PROFESSIONAL DEVELOPMENT ACCREDITATION SYSTEM


REGISTRATION ABOUT US SERVICES CONTACT


Welcome to CPDAS

Continuing Professional Development Accreditation System

Get Started

 Accredited Programs
Don't have any idea what programs to attend?
Click here to view accredited programs of PRC

 Apply as CPD Provider
Click here to fill up the registration form and be an Accredited CPD Provider.

 Professional Registration
Want to know how many CPD points you already have or apply your Non-Accredited Certificates to acquire CPD points? Register. Have an account.

1. Go to 122.53.86.252 link for CPDAS Home Page
2. Click REGISTRATION
3. Click APPLY AS CPD PROVIDER.

PUBLIC SITE (Provider) – Apply as Accredited Provider

REGULATION COMMISSION
Professional

TERMS OF SERVICE

CONTINUING PROFESSIONAL DEVELOPMENT ACCREDITATION SYSTEM

Welcome to the PRC CPD ACCREDITATION SYSTEM. Your use of this system means that you agree to the terms and conditions as defined below. The PRC may update or modify the Terms of Service from time to time without notifying you; therefore, your continued use of the Service after such modification will constitute your acceptance.

PRIVACY

The information gathered from this site will be treated as highly confidential. The PRC may use your contact information in order to send an e-mail and/or other communications regarding your status or updates about this service. We may also use your data for statistics, summaries, researches and studies for the development of new markets and standards.

SECURITY POLICY

Security Systems

PRC deploys intrusion detection systems, firewalls, encryption systems and other internal controls which are meant to safeguard, physically

Provider Typ
ELECT P
Provider Nar
Do not abbreviat
ct Appoi
ELECT RE
onal requirement

AGREEMENT. FURTHER, I ACKNOWLEDGE TO HAVE READ AND FULLY UNDERSTOOD THE SAID TERMS AND CONDITIONS.

Yes, I have read, understood and agree to these Terms of Service.

No, I have read but don't agree to these Terms of Service.

1. Read TERMS OF SERVICE.
2. Click YES, I HAVE READ, UNDERSTOOD AND AGREE TO THESE TERMS OF SERVICE to proceed, otherwise will be reverted to Public view.

PUBLIC SITE (Provider) – Apply as Accredited Provider



PROFESSIONAL REGULATION COMMISSION
Continuing Professional Development Accreditation System

PROFESSIONAL

APPLY AS CPD PROVIDER

LOG IN AS PROVIDER

Provider Type
LOCAL Select the provider type.

Classification
 Select the appropriate classification of the provider.

Profession
Select an Option Select the profession you're applying for.

Provider Name
 Type the complete provider name as stated in the business permit. Do not abbreviate.

Select Appointment Place
SELECT REGIONAL OFFICE Select appointment place for passing of additional requirements.

1. Select appropriate information being asked: Provider Type, Classification, Profession (where to be accredited)
2. Type the PROVIDER NAME (according to documents at hand).
3. SELECT APPOINTMENT PLACE (Regional Office) where to process the application.

PUBLIC SITE (Provider) – Apply as Accredited Provider

General Information Resume Company Profile Training Facilities Others Payment Confirmation

Complete Address
Type here the address including Unit, Number, Street and Subdivision/Barangay (Example Unit 101 #88 Teresa St. Sta. Mesa).

Region **Zip Code**
SELECT REGION Type here the zip code or postal code of the your address.
Select the local region.

Telephone No. **Mobile Number** **Fax No.**
Type the area code and landline number here (Example (02)-310-0026). Type the mobile number here (Example (+63)-958-123-1234). (Optional) Type your fax number here (Example (83)(02) 123-4567).

Email Address **Website**
Please type a valid e-mail address. We will be sending important notices to your e-mail account. Type your website here. Facebook account is accepted if you do not have an existing website.

First Previous **Next** Last

1. Fill in all fields completely.
2. Provide valid E-mail Address (where can be contacted).

3. Click NEXT for further information needs to be accomplished

PUBLIC SITE (Provider) – Apply as Accredited Provider

Contact Person

Fullname

Type the full name of the person to contact in case of verifications.

Position

Type here the position of the contact person in the organization.

Department / Division / Office

Type here the department of the contact person in the organization.

Contact Email Address

Type a valid e-mail address. We will be sending important notices to your e-mail account.

Contact Information

Type the landline number or mobile number here of the contact person.

Fill in all fields completely.

Note: Contact Person shall be the designated CPD officer and the authorized signatory of future applications and transactions pertaining to CPD.

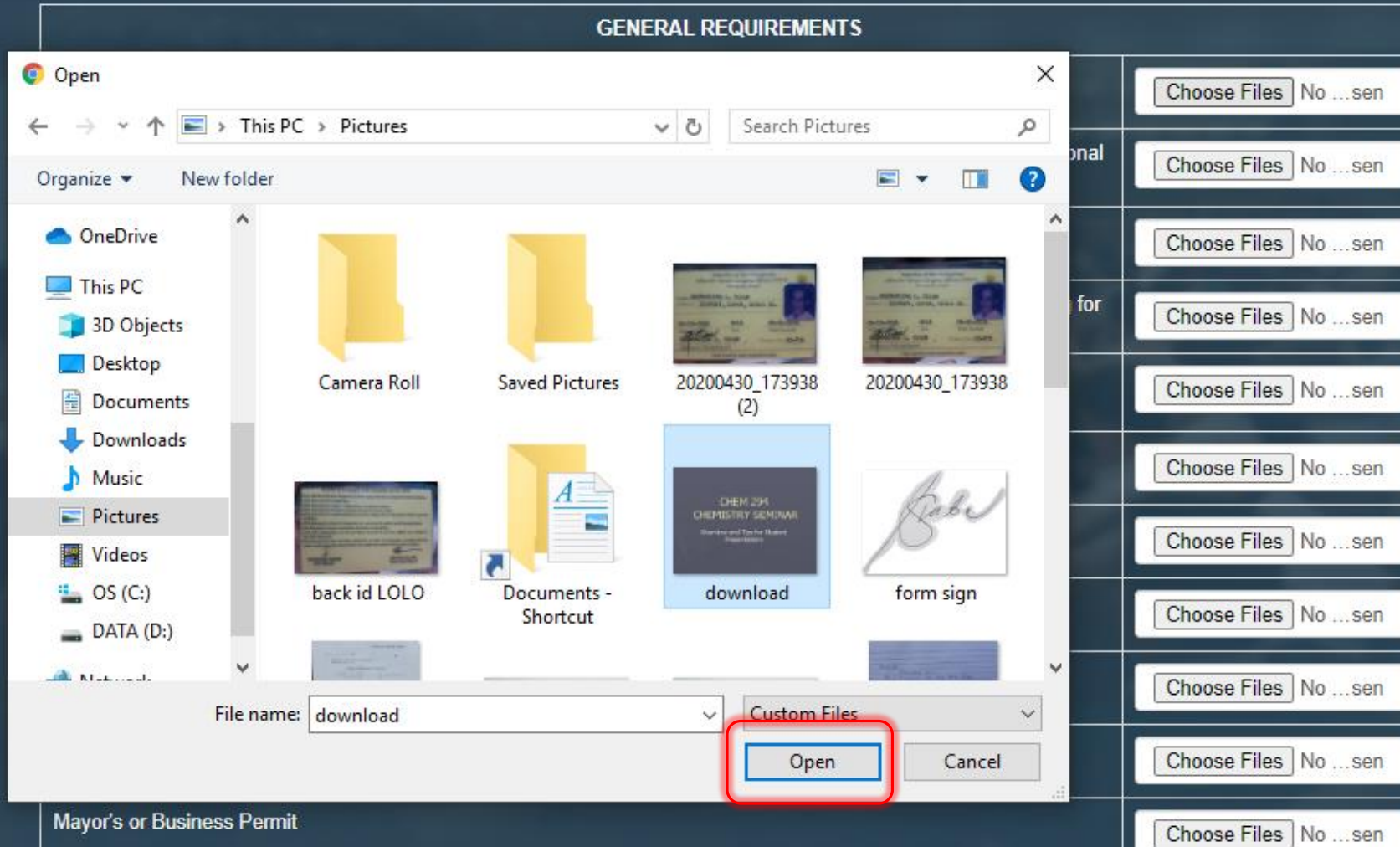
PUBLIC SITE (Provider) – Apply as Accredited Provider

GENERAL REQUIREMENTS	
Three-Year Annual Plan of proposed CPD Programs	<input type="button" value="Choose Files"/> No ...sen
Resume must include relevant Educational background, current employment, profession, principal area of professional work & No. of years in the practice of the regulated profession	<input type="button" value="Choose Files"/> No ...sen
DTI Certificate of Registration (authenticated copy)	<input type="button" value="Choose Files"/> No ...sen
Valid Professional Identification Card of the proprietor which shall be of the same profession that he/she is applying for	<input type="button" value="Choose Files"/> No ...sen
Profile which include Mission, Vision, Core Values and if any, a list with details of previous training programs and activities conducted	<input type="button" value="Choose Files"/> No ...sen
List with details and photographs with captions of training equipment and facilities	<input type="button" value="Choose Files"/> No ...sen
Instructional Design fro the first program	<input type="button" value="Choose Files"/> No ...sen
NBI Clearance (original copy)	<input type="button" value="Choose Files"/> No ...sen
BIR Certificate of Registration and Tax Clearance (authenticated copy)	<input type="button" value="Choose Files"/> No ...sen
Affidavit of Undertaking (Annex "B-3")	<input type="button" value="Choose Files"/> No ...sen
Mayor's or Business Permit	<input type="button" value="Choose Files"/> No ...sen

Click CHOOSE FILES to upload each required file to proceed with the application

Note: Accepting JPEG, JPG or PNG format only

PUBLIC SITE (Provider) – Apply as Accredited Provider



1. Click the chosen file.
Note: Hold *Ctrl* button to select multiple photos.
2. Click OPEN to choose.

3. Do this to all fields.
4. Click NEXT.

PUBLIC SITE (Provider) – Apply as Accredited Provider

BIR Certificate of Registration and Tax Clearance (authenticated copy)	<input type="button" value="Choose Files"/> No ...sen
Affidavit of Undertaking (Annex "B-3")	<input type="button" value="Choose Files"/> No ...sen
Mayor's or Business Permit	<input type="button" value="Choose Files"/> No ...sen

SPECIFIC REQUIREMENTS

Note: If the applicant have Joint Venture Agreement (JVA) or Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA), kindly submit the hardcopy in any nearest PRC office.

Before proceeding to the next step, please take note:

If the applicant have Joint Venture Agreement (JVA) or Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA), kindly submit the hardcopy in any nearest PRC office.

PUBLIC SITE (Provider) – Apply as Accredited Provider

General Information Resume Company Profile Training Facilities Others **Payment** Confirmation

PayMaya
Credit | Debit
+ 1.25% (of the total amount) convenience fee

PRC - CASHIER
+ No convenience fee

COMING SOON

COMING SOON

First Previous **Next** Last

Provider Type: LOCAL
Classification: FIRM / PARTNERSHIP / CORPORATION
Profession: Nutrition & Dietetics
Provider Name: BusinessTeam Nutrition Management System, Inc.
Select Appointment Place: NCR (National Capital Region) - NCR (PICC)

**YOU HAVE CHOSEN
PAYMAYA VISA/MASTER/JCB**

OK

General Information Company Profile Training Facilities Others **Confirmation**

PayMaya
Credit | Debit
+ 1.25% (of the total amount) convenience fee

PRC - CASHIER
+ No convenience fee

COMING SOON

COMING SOON

First Previous **Next** Last

1. Select on the payment options for the convenience of the applicant.
2. After selecting the payment mode, a dialogue box will prompt to confirm the same.
3. Click NEXT once verified.

Note: For PayMaya and other allied payment options, there will be 1.25% convenience fee of the total amount of application.

PUBLIC SITE (Provider) – Apply as Accredited Provider

CONTACT PERSON

Fullname: **Marjie Yucot**

Position/Designation: **Secretary**

Department/Office: **Chemistry Department**

Email: **marjiejucot@gmail.com**

Contact No: **09206376571**

(Your information cannot be edited after you submit your application, please thoroughly review any misspellings or capitalizations on your information).

SUBMIT APPLICATION

First

Previous

Next

Last



Click SUBMIT APPLICATION once done.

Note: application will not proceed if there is any lacking field

PUBLIC SITE (Provider) – Apply as Accredited Provider

CONTACT PERSON
Fullname: Marjie Yucot
Position/Designation: Secretar
Department/Office: Chemistry
Email: marjleyucot@gmail.co
Contact No: 09206376571

(Your information cannot be edited after submission. Please check for misspellings or capitalizations on your information.)

Once the application is submitted the data/information on the application form cannot be edited and withdrawn.
Thank you.

Proceed! **Cancel**

First Previous Next Last

Read the Notice and Click PROCEED to finalize.

PUBLIC SITE (Provider) – Apply as Accredited Provider

UNDERTAKING

UNDERTAKING

In connection with my application as CPD Provider, I hereby undertake to comply with the requirements set forth in the CPD guidelines; that I will conduct at least one (1) accredited CPD program within a year from the issuance of the accreditation and every year thereafter; that I will ensure the activities conducted meet the criteria set forth by the CPD Council; I will conduct the program in accordance with its approval; and I will submit genuine and correct documents in support to my application and other reports required by the CPD Council.

By clicking **Submit Application**, you agree to our **Terms** and that you have read our **Data Privacy Policy**, and confirm that the information you provide are true and correct to the best of your knowledge. You will also receive email notifications regarding your application.

SUBMIT APPLICATION

First

Previous

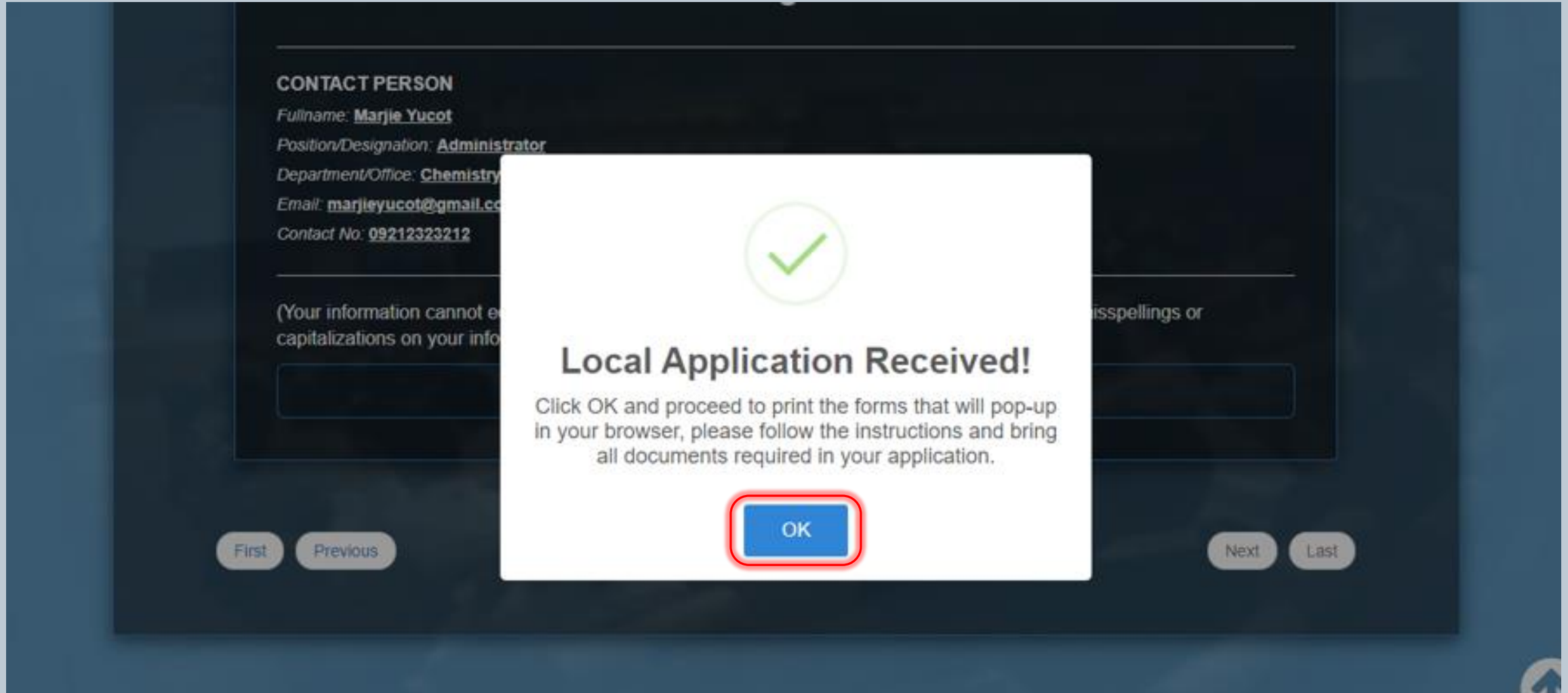
Next

Last



Click **SUBMIT APPLICATION** to agree with the Undertaking.

PUBLIC SITE (Provider) – Apply as Accredited Provider




The image shows a screenshot of a web application interface. In the background, there is a form titled "CONTACT PERSON" with the following details: Fullname: Marjie Yucot, Position/Designation: Administrator, Department/Office: Chemistry, Email: marjleyucot@gmail.com, and Contact No: 09212323212. Below this, there is a note: "(Your information cannot be... capitalizations on your info)". At the bottom of the form, there are navigation buttons: "First", "Previous", "Next", and "Last".


In the foreground, a white pop-up message box is centered. It features a green checkmark icon at the top. The text inside the box reads: "Local Application Received!" followed by "Click OK and proceed to print the forms that will pop-up in your browser, please follow the instructions and bring all documents required in your application." At the bottom of the pop-up, there is a blue button with the text "OK" inside, which is highlighted with a red rectangular border.

Click OK to proceed with the printing of forms which will prompt.

Note: Username and Temporary Password will be e-mailed once the application is approved by the Council concerned


PUBLIC SITE (Provider) – Apply as Accredited Provider (PayMaya)


 Credit/Debit Card

Card Details 

First Name Last Name


Card Number

Expiry Date CWV 

 Conveniently receive your receipts by Email or SMS.


Email / PH Mobile (Optional)

[Pay now](#)

 PRC

Order Summary


INDIVIDUAL / SOLE PRIPRIERTO...	PHP 5,000.00
Service Charge	PHP 62.50
Total Amount	PHP 5,062.50

Powered by  PayMaya Enterprise

If the payment mode selected is PayMaya:

1. The applicant will be directed to an external portal to process the payment.
2. Pay the TOTAL AMOUNT reflected, including the Service Charge.

PUBLIC SITE (Provider) – Apply as Accredited Provider

		Professional Regulation Commission	
APPLICATION FOR ACCREDITATION AS CPD PROVIDER (LOCAL)			
CPD Council for/of CIVIL ENGINEERING			
<input type="checkbox"/> New <input type="checkbox"/> Renewal		Accreditation No. _____ Expiry Date _____	
Part I. Personal / Corporate Information			
Classification: Firm / Partnership / Corporation			
Name of Provider: PHILIPPINE INSTI			
Address: 7TH FLOOR ROOM 705, _____ 1H TRIANGLE			
SEC Registration No.: CN1234567890	Date of Registration: 09/01/2020	TIN: 123456789000	
Telephone No.: +63 _____	Fax No.: +63 2 _____		
E-mail Address: ALGUINDO101@_____.COM	Website: HTTP://WWW._____.PH		
Contact Person: DR. _____	Contact No.: 091 _____		
Part II. Acknowledgment			
I HEREBY CERTIFY that the information above entered by me are true and correct to the best of my knowledge and belief. I further authorize PRC and other agencies to investigate the authenticity of all the documents presented.			
_____ Signature Over Printed Name _____ PRESIDENT Position _____ August 31, 2020 Date			
Part III. Action Taken			
Continuing Professional Development Section:		Cash Division:	
Processed by: _____	Amount: _____	O.R. No./Date Issued by: _____	
Date: _____			
ACTION TAKEN BY THE CPD COUNCIL			
<input type="checkbox"/> Approved <input type="checkbox"/> Deferred pending compliance _____		Accreditation No. _____	
<input type="checkbox"/> Disapproved due to _____			
_____ Chairperson _____ Member _____ Member _____ Date _____			
CPD-01-A Rev. 03 November 09, 2017 Page 1 of 2			

Republic of the Philippines Professional Regulation Commission Manila	
ORDER OF PAYMENT	
Order of Payment #	PROV-2020-471
Payor	PHILIPPINE INSTITUTE OF CIVIL ENGINEERS C.
Date	August 31, 2020
FEE	AMOUNT
PAYMENT FOR APPLICATION AS CPD PROVIDER	PHP 5000
TOTAL AMOUNT	PHP 5000

If the payment mode selected is PRC Cashier:
 Application Form and Order of Payment prompt after successful submission of application.
 The PDF file should be printed out for processing of application

PUBLIC SITE (Provider) – Apply as Accredited Provider



Republic of the Philippines
PROFESSIONAL REGULATION COMMISSION

APPLICATION FOR CPD PROVIDER

Dear *Arman Lozano Quinto*;

Thank you for your application for accreditation as a CPD provider.

You may print your Application Form [here](#).

Thank you.

This email is system generated. The recipient should check the email for threats with proper software, as the commission does not accept liability for any damage inflicted by viewing the content of this email.

DO NOT REPLY.

© 2017 - Professional Regulation Commission

Once the application is SUBMITTED, an e-mail will be sent to the applicant.

PUBLIC SITE (Provider) – Apply as Accredited Provider



Republic of the Philippines
PROFESSIONAL REGULATION COMMISSION

APPROVAL OF APPLICATION AS CPD PROVIDER

Dear Carmela Diaz;

This is to inform you that your application for accreditation as CPD Provider has been approved by the CPD Council for Radiologic Technology. Your CPD Accreditation No. is **0000-2020-007**. You may claim your Certificate of Accreditation at PRC - NCR (PICC) office in Delegation Bldg., Philippine International Convention Center (PICC), Vicente Sotto St., Pasay, Metro Manila, 30 days upon receiving this email.

You may now access your account at our [CPD Accreditation System](#) with the following information:

Username: PAB 0000 007

Password: PAB 0000 007

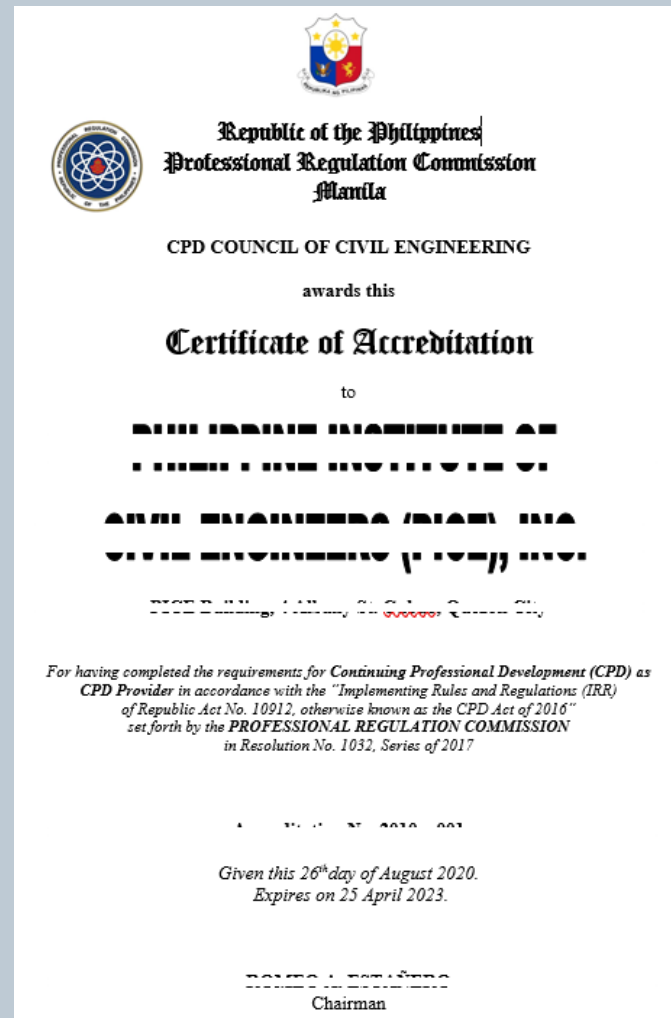
You will be asked to change your password immediately for security purposes.

This email is system generated. The recipient should check the email for threats with proper software, as the commission does not accept liability for any damage inflicted by viewing the content of this email.
DO NOT REPLY.

© 2017 - Professional Regulation Commission

Once the application is APPROVED, an e-mail will be sent to the applicant containing the default username and password.

PUBLIC SITE (Provider) – Apply as Accredited Provider



Certificate of Accreditation (“CoA”) will be awarded to Accredited Provider.



THANK YOU!