



**Republic of the Philippines
Professional Regulation Commission
Manila**

CERTIFICATE OF APPOINTMENT

Pursuant to Section 9 (b) of R.A. 8981 or the "PRC Modernization Act of 2000" and Resolution No. 2004-179, Series of 2004, entitled "Standardized Guidelines and Procedures for the Implementation of Continuing Professional Education for all Professions"

(Name of Chairman)

is hereby appointed Chairman of the CPE Council of Customs Brokers representing the Board of Customs Brokers.

The term of Office shall be in accordance with the provisions of Section 7 of PRC Resolution No. 2004-179, Series of 2004.

Given this ___ of ___, 200_ at the Professional Regulation Commission, City of Manila, Philippines.

Chairperson



**Republic of the Philippines
Professional Regulation Commission
Manila**

CPE COUNCIL OATH OF OFFICE

I, _____, having been appointed **CHAIRMAN/MEMBER** of the CPE Council for _____ do solemnly swear.

That I will discharge to the best of my ability all the duties and responsibilities of the office of which I have been appointed; uphold the fundamental law of the Republic of the Philippines; and obey all the laws, rules, and regulations promulgated by the duly constituted authority; and

That I impose this obligation upon myself voluntarily without mental reservation or purpose of evasion.

SO HELP ME GOD.

Chairman

SUBSCRIBED AND SWORN TO before me this ___ day of ____ in the year of our Lord 200_ in the City of Manila, Philippines.

Chairperson



Republic of the Philippines
Professional Regulation Commission
Manila

CPE COUNCIL OF _____

Information Sheet

Chairman

Member

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. _____

Education
Highest Educational Attainment _____

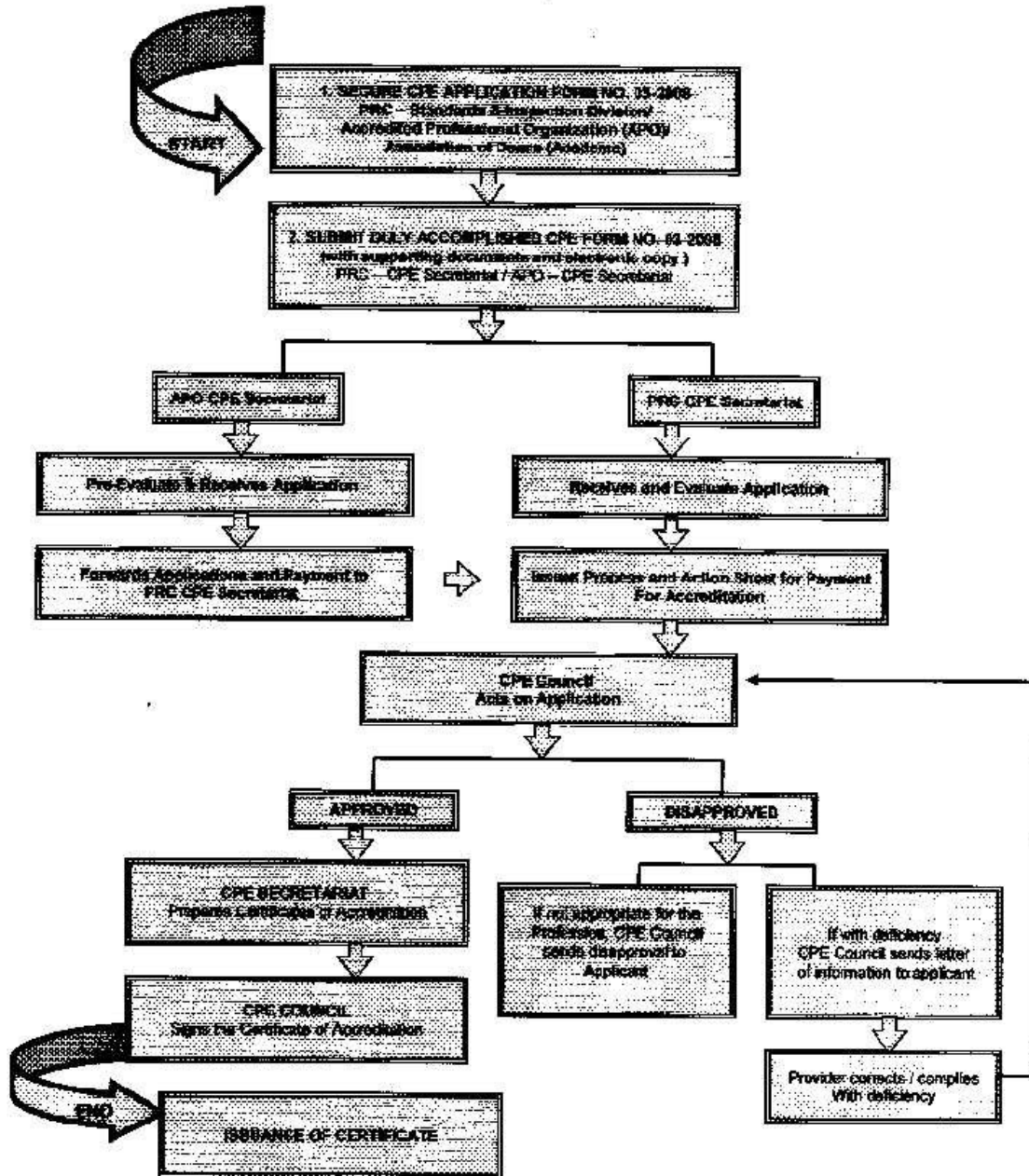
Current Employment	
Company Name _____	Position _____
Company Address _____	Tel. No. _____

PRB _____	APO * _____	Academe ** _____
Position _____	Term of Office Expires on _____	
* Name of APO _____		
** Name of Association of Deans/Colleges _____		
Date of Election of Officers _____		

Signature Over Printed Name

Date Prepared

FLOWCHART FOR ACCREDITATION OF CPE PROVIDERS





Republic of the Philippines
Professional Regulation Commission
Manila

CPE COUNCIL FOR _____

awards this

Certificate of Accreditation

to

(Name of Provider)

*For having completed the requirements for Continuing Professional Education
as CPE Provider in accordance with the "Standardized Guidelines and Procedures for the
Implementation of Continuing Professional Education for all Professions
set forth by the PROFESSIONAL REGULATION COMMISSION
in Resolution No. 2004-179, Series of 2004.*

Accreditation No. _____

Given this _____ day of _____, _____
Expires on _____, _____, _____

CPE Chairman

Approved:

Commission Chairperson



Republic of the Philippines
Professional Regulation Commission
Manila

CPE COUNCIL FOR _____

CPE PROVIDER
Application for Accreditation

Name _____ Organization / Association _____	
Address _____ _____	
Tel. No. _____	Fax No. _____
Email Address _____	Website _____

Supporting Documents:

- SEC Certificate of Registration and Articles of Incorporation/By-laws (for corporation)
- DTI Certificate of Registration (for single proprietor)
- List of Officers
- Mechanism for Measuring Quality of Program
- Criteria for Selection of Resource Speaker/Reactor/Facilitator
- Others:
 - > Company Profile
 - > List of training equipments and facilities

Signature Over Printed Name

O.R. No. _____
Amount Paid: _____
Date of Payment: _____

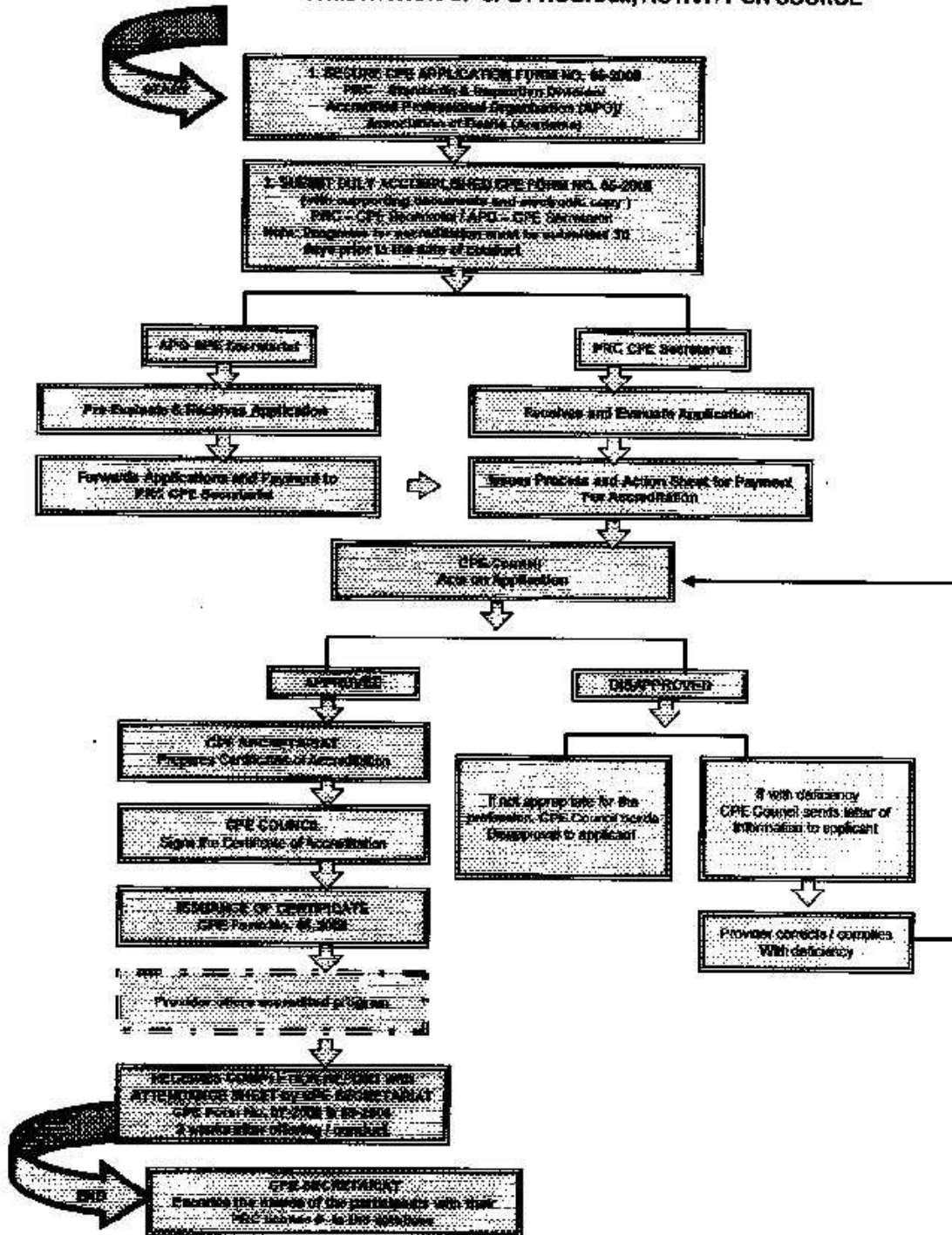
Position

Date

.....
ACTION TAKEN

- Approved Disapproved

FLOWCHART FOR ACCREDITATION OF CPE PROGRAM, ACTIVITY OR SOURCE





Republic of the Philippines
Professional Regulation Commission
Manila

CPE COUNCIL FOR _____

Certificate of Accreditation
Program, Activity, or Source

This is to certify that the program/activity/source listed below is accredited for _____ credit units.

Name of Provider _____
Provider Accreditation No. _____
Program Accreditation No. _____
Date Approved: _____

The accreditation for the above-stated program is subject to renewal after _____ year/s from date hereof.

Given this _____ day of _____, _____ at Manila, Philippines

Chairman



Republic of the Philippines
Professional Regulation Commission
Manila

CPE COUNCIL FOR _____

Accreditation Application Form
Program, Activity, or Source

Name of CPE Provider _____
Accreditation No. _____ Expiration Date _____

Information on Program/Activity/Source

- Seminar Convention Others _____

Title of the Program _____
Date to be Offered _____ Place _____
Time from _____ to _____
Description _____

Objectives _____

Target Audience _____

Seminar Fee Collected P _____

Documents Submitted:

- Outline (Topic/Seminar)
 Evaluation Methods
 Resume of Speakers/Facilitators/Reactors
 Others: Program of Activities

Signature Over Printed Name

Position

O.R. Number: _____

Amount Paid: _____

Date of Payment: _____

Date

ACTION TAKEN

- Approved for _____ Credits Units Disapproved

Accreditation No. _____

- Please submit the following:
() Actual Program Schedule



Republic of the Philippines
Professional Regulation Commission
Manila

CPE COUNCIL OF _____

Completion Report of
CPE Program, Activity, or Source

CPE Provider _____	Accreditation No. _____
Address _____	
Tel. No. _____	Fax No. _____
E-mail Address _____	

Title of Program, Activity, or Source _____	
Program Accreditation No. _____	Date of Accreditation _____
Date Started _____	Date Completed _____
Venue _____	

Supporting Documents:

- _____ List of Participants (name & PRC License No.)
- _____ List of Lecturers, Resource Speakers, etc. (Name & PRC License No.)
- _____ Results of Evaluation (Summary)
- _____ Others _____

Certified Correct By:

Signature Over Printed Name

Position

Date

