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மின்னஞ்சல் முகவரி) postmaster@health.gov.lk
e-mail)

වෙබ් අඩවිය)
இணையத்தளம்) www.health.gov.lk
website)



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சுவசிரிபாய
SUWASIRIPAYA

මගේ අංකය)
எனது இல)
My No.) ETR/S/NCPD/Accre.Tra Prog./01/20;

ඔබේ අංකය)
உமது இல)
Your No. :)

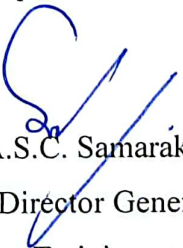
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திகதி)
Date) -07-2023

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சுகாதார அமைச்சு
Ministry of Health

Re: Registration and Accreditation of CPD Program

I would like to thank you for registering as a CPD provider in the National CPD programme. Please be kind enough to send your CPD programs for accreditation process through an email to (ddgetr@health.gov.lk) DDG(ETR) or by post to DDG(ETR), Ministry of Health. The submission format is attached herewith.

Your cooperation in this regard is highly appreciation.


Dr. M.A.S.C. Samarakoon,
Deputy Director General,
Education Training and Research.

Dr.M.A.S.C. Samarakoon
Deputy Director General
Education, Training & Research Unit
Ministry of Health
"Suwasiripaya"
Colombo 10.



අධ්‍යාපන, පුහුණු සහ පර්යේෂණ ඒකකය, සෞඛ්‍ය අමාත්‍යාංශය, ශ්‍රී ලංකාව
கல்வி, பயிற்சி மற்றும் ஆராய்ச்சி பிரிவு மக்கள்தர அமைச்சு இலங்கை
Education, Training & Research Unit
Ministry of Health, Sri Lanka

CPD Programme Format

1. Name of Registered CPD Provider		
2. Name of CPD Programme		
3. CPD Course	Name:	
	Online Link*:	
4. Resource Personnel(s)	Content Expert(s)**	Suggested Mentor(s)***
	1.	1.
	2.	2.
	3.	3.
5. Expected Target Group		
6. Expected Output		
7. Expected Outcome		
8. Brief Outline of CPD Programme		
9. Expected CPD Points		
10. Authorized Signatory of Registered CPD Provider		
OFFICE USE ONLY		
11. Decision of Accreditation Committee		
12. Authorize Signatory of Accreditation Committee:		
Instructions		
* Leave blank if no online link is available, ** Holding a MD / PhD in the relevant subject, *** By discipline (e.g. Pathologist, Cardiologist) or designation (e.g. MOH, RE)		
• Please register as a CPD provider by filling the Google form using the link https://tinyurl.com/mohcpdprv in the Ministry of Health website.		
• After registration, please <u>submit one form for each course</u> .		
• Please submit the signed and sealed application form and email ddgetr@health.gov.lk & dirtra@health.gov.lk		
• Please post the hard copy to DDG (ET&R), SUWASIRIPAYA, No 385, Rev. Baddegama Wimalawansa Thero Mawatha, Colombo 10		