

ADDITIONAL INFORMATION NEEDED FOR SASP APPLICATION
(Information not required on the HPCSA form)

Service provider: _____

Name of the Activity: _____

Date of the Activity: _____

Criteria referred to in the SASP guidelines	Proof provided or information
Research/approach/ References	
Number of delegates per presenter and/or assistant	
Prerequisite for attending the activity	
Copy of the advertisement of the activity. Service provider's message and name of the Accreditor should be displayed on the advert	
Fee charged for SASP members	
Fee charged for non-SASP members	
Was this activity previously accredited? If yes please provide the accreditation number	