

CPD COUNCIL FOR _____

AFFIDAVIT OF UNDERTAKING

I, _____, of legal age, resident of _____, after having been duly sworn, depose and state that in connection with my application as a CPD Provider, I shall:

1. Comply with the requirements in the CPD Guidelines;
2. Conduct at least one (1) accredited CPD program within a year from the issuance of the accreditation and every year thereafter;
3. Ensure that the CPD activities conducted meet the criteria set forth by the CPDC;
4. Observe the approved program in the conduct thereof; and
5. Submit genuine and correct documents in support of this application and other reports required by the CPDC.

In witness whereof, I hereby affix my signature this _____ day of _____, 20____

Affiant

Position

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____
Affiant exhibiting to me his/her _____ issued
on _____ at _____.

NOTARY PUBLIC

Doc. No: _____
Page No: _____
Book No: _____
Series of _____