

HOLDER RECERTIFICATION POINTS REQUEST FORM



"the home for the Office Professional dedicated to lifelong learning"

(Please type or print legibly)
(Please ensure that a course outline / programme is attached to this form)

Institute for Certified Administrative Professionals

Tel: 011 615 2868

Fax: 0866 179 688

Email: registration@capinstitute.co.za

Website: www.competencyservices.co.za

Please complete the details and fax to 0866 179 688

or email to registration@capinstitute.co.za

DATE OF APPLICATION

NAME OF HOLDER

CONTACT DETAILS

E-MAIL

TITLE OF COURSE / SEMINAR

ESTIMATED DURATION OF COURSE / SEMINAR

10 POINT SYNOPSIS OF THE COURSE / SEMINAR

1.

2.

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PLEASE FAX THIS FORM TOGETHER WITH THE COURSE OUTLINE / PROGRAMME TO 0866179688

FOR OFFICE USE ONLY

ACCREDITED: YES NO REASON:

CAP / CPS PROGRAMME PART:

GROUP:

NO OF POINTS:

DATE ACCREDITED:

CERTIFICATE ISSUED: