



Republic of the Philippines

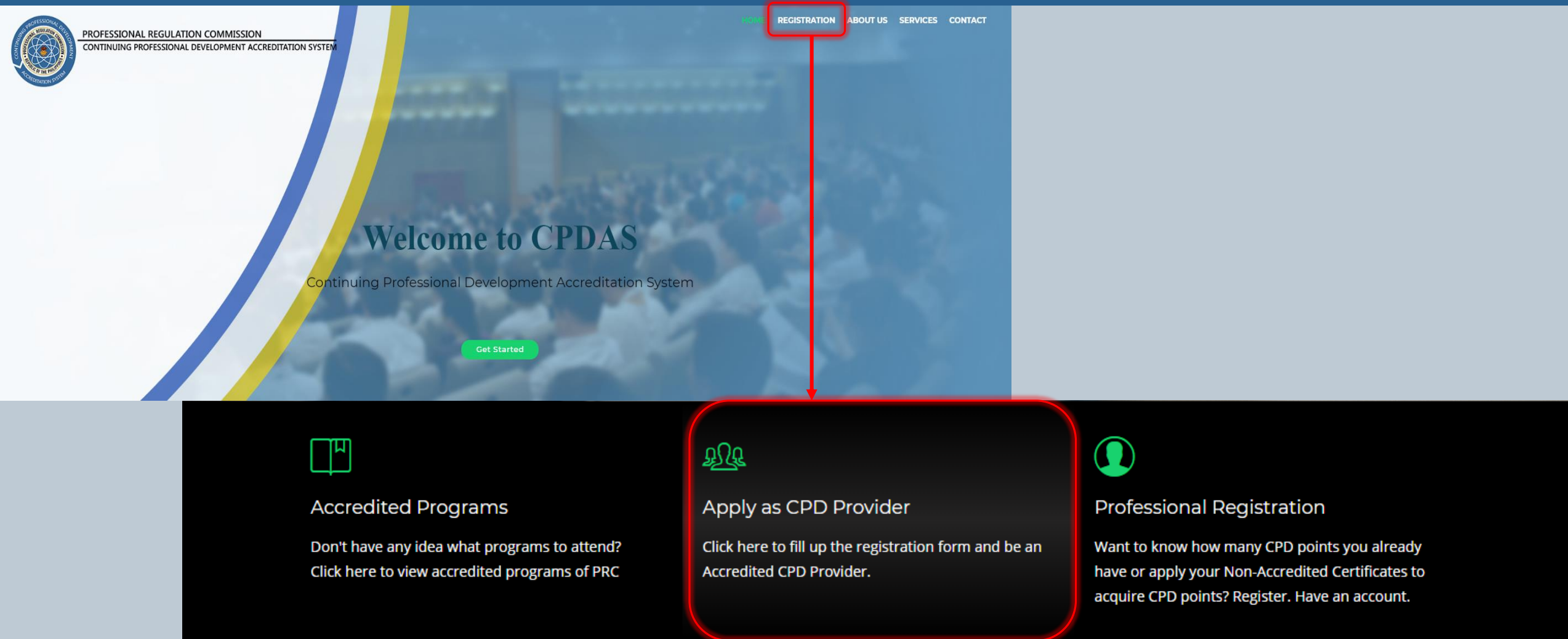
PROFESSIONAL REGULATION COMMISSION

CPD Accreditation System

PROVIDER ACCOUNT

Application as Provider

PUBLIC SITE (Provider) – Apply as Accredited Provider



1. Go to 122.53.86.252 link for CPDAS Home Page
2. Click REGISTRATION
3. Click APPLY AS CPD PROVIDER.

PUBLIC SITE (Provider) – Apply as Accredited Provider

TERMS OF SERVICE

CONTINUING PROFESSIONAL DEVELOPMENT ACCREDITATION SYSTEM

Welcome to the PRC CPD ACCREDITATION SYSTEM. Your use of this system means that you agree to the terms and conditions as defined below. The PRC may update or modify the Terms of Service from time to time without notifying you; therefore, your continued use of the Service after such modification will constitute your acceptance.

PRIVACY

The information gathered from this site will be treated as highly confidential. The PRC may use your contact information in order to send an e-mail and/or other communications regarding your status or updates about this service. We may also use your data for statistics, summaries, researches and studies for the development of new markets and standards.

SECURITY POLICY

Security Systems

PRC deploys intrusion detection systems, firewalls, encryption systems and other internal controls which are meant to safeguard, physically

AGREEMENT. FURTHER, I ACKNOWLEDGE TO HAVE READ AND FULLY UNDERSTOOD THE SAID TERMS AND CONDITIONS.

☒ Yes, I have read, understood and agree to these Terms of Service.

☐ No, I have read but don't agree to these Terms of Service.

1. Read TERMS OF SERVICE.
2. Click YES, I HAVE READ, UNDERSTOOD AND AGREE TO THESE TERMS OF SERVICE to proceed, otherwise will be reverted to Public view.

PUBLIC SITE (Provider) – Apply as Accredited Provider



PROFESSIONAL REGULATION COMMISSION
Continuing Professional Development Accreditation System

[PROFESSIONAL](#)

[APPLY AS CPD PROVIDER](#)

[LOG IN AS PROVIDER](#)

Provider Type
LOCAL
Select the provider type.

Classification

Select the appropriate classification of the provider.

Profession
Select an Option
Select the profession you're applying for.

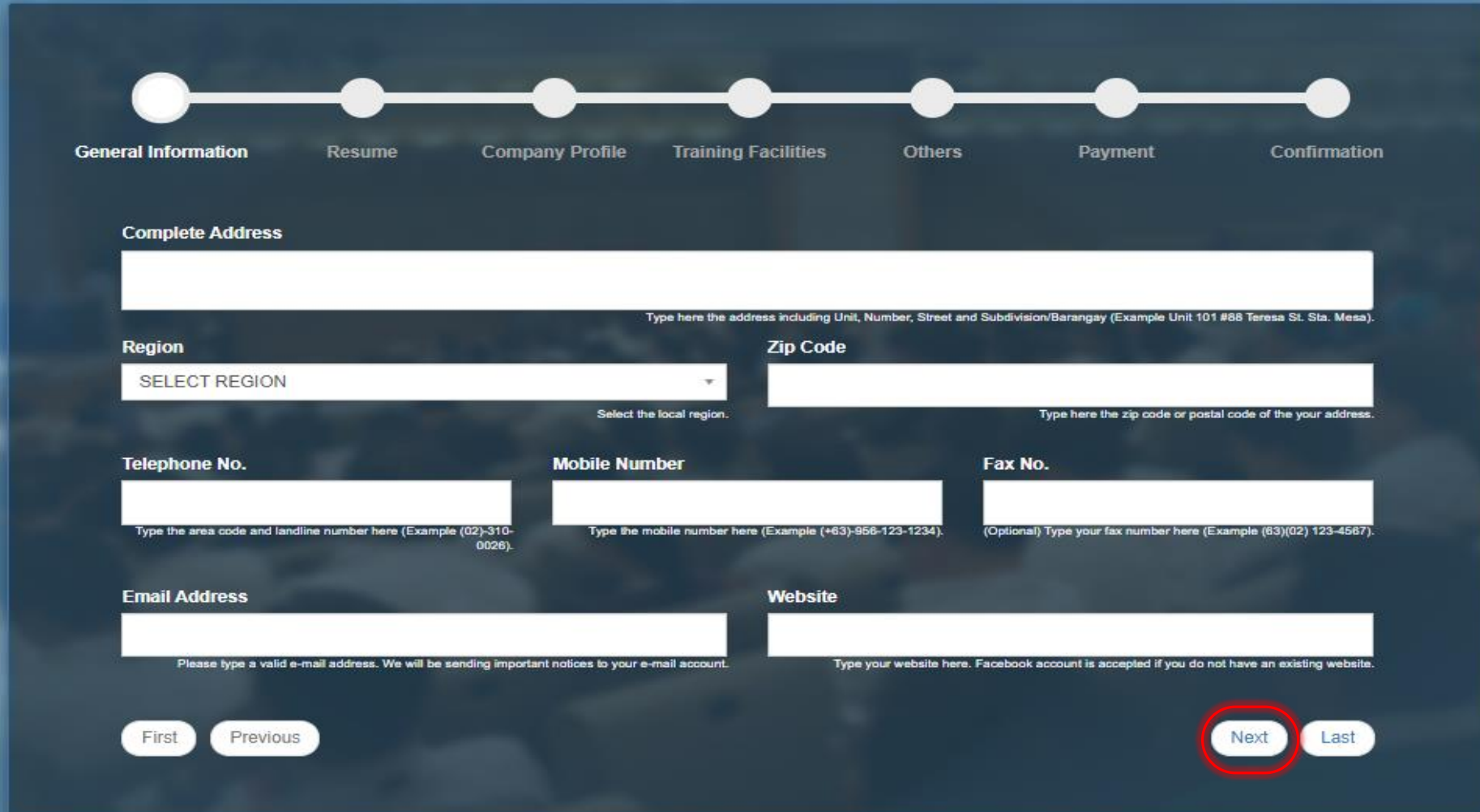
Provider Name

Type the complete provider name as stated in the business permit. Do not abbreviate.

Select Appointment Place
SELECT REGIONAL OFFICE
Select appointment place for passing of additional requirements.

1. Select appropriate information being asked: Provider Type, Classification, Profession (where to be accredited)
2. Type the PROVIDER NAME (according to documents at hand).
3. SELECT APPOINTMENT PLACE (Regional Office) where to process the application.

PUBLIC SITE (Provider) – Apply as Accredited Provider



The form is titled "PUBLIC SITE (Provider) – Apply as Accredited Provider". It features a progress bar at the top with seven steps: General Information, Resume, Company Profile, Training Facilities, Others, Payment, and Confirmation. The "General Information" step is currently active. The form contains several input fields: a large text box for "Complete Address" with a placeholder "Type here the address including Unit, Number, Street and Subdivision/Barangay (Example Unit 101 #88 Teresa St. Sta. Mesa)."; a "Region" dropdown menu with "SELECT REGION" and a placeholder "Select the local region."; a "Zip Code" text box with a placeholder "Type here the zip code or postal code of the your address."; three text boxes for "Telephone No.", "Mobile Number", and "Fax No." with placeholders "Type the area code and landline number here (Example (02)-310-0026).", "Type the mobile number here (Example (+63)-956-123-1234).", and "(Optional) Type your fax number here (Example (83)(02) 123-4567)."; an "Email Address" text box with a placeholder "Please type a valid e-mail address. We will be sending important notices to your e-mail account."; and a "Website" text box with a placeholder "Type your website here. Facebook account is accepted if you do not have an existing website.". At the bottom, there are four buttons: "First", "Previous", "Next", and "Last". The "Next" button is highlighted with a red circle.

General Information Resume Company Profile Training Facilities Others Payment Confirmation

Complete Address
Type here the address including Unit, Number, Street and Subdivision/Barangay (Example Unit 101 #88 Teresa St. Sta. Mesa).

Region
SELECT REGION
Select the local region.

Zip Code
Type here the zip code or postal code of the your address.

Telephone No.
Type the area code and landline number here (Example (02)-310-0026).

Mobile Number
Type the mobile number here (Example (+63)-956-123-1234).

Fax No.
(Optional) Type your fax number here (Example (83)(02) 123-4567).

Email Address
Please type a valid e-mail address. We will be sending important notices to your e-mail account.

Website
Type your website here. Facebook account is accepted if you do not have an existing website.

First Previous **Next** Last

1. Fill in all fields completely.
2. Provide valid E-mail Address (where can be contacted).

3. Click NEXT for further information needs to be accomplished

PUBLIC SITE (Provider) – Apply as Accredited Provider

Contact Person

Fullname

Type the full name of the person to contact in case of verifications.

Position

Type here the position of the contact person in the organization.

Department / Division / Office

Type here the department of the contact person in the organization.

Contact Email Address

Type a valid e-mail address. We will be sending important notices to your e-mail account.

Contact Information

Type the landline number or mobile number here of the contact person.

Fill in all fields completely.

Note: Contact Person shall be the designated CPD officer and the authorized signatory of future applications and transactions pertaining to CPD.

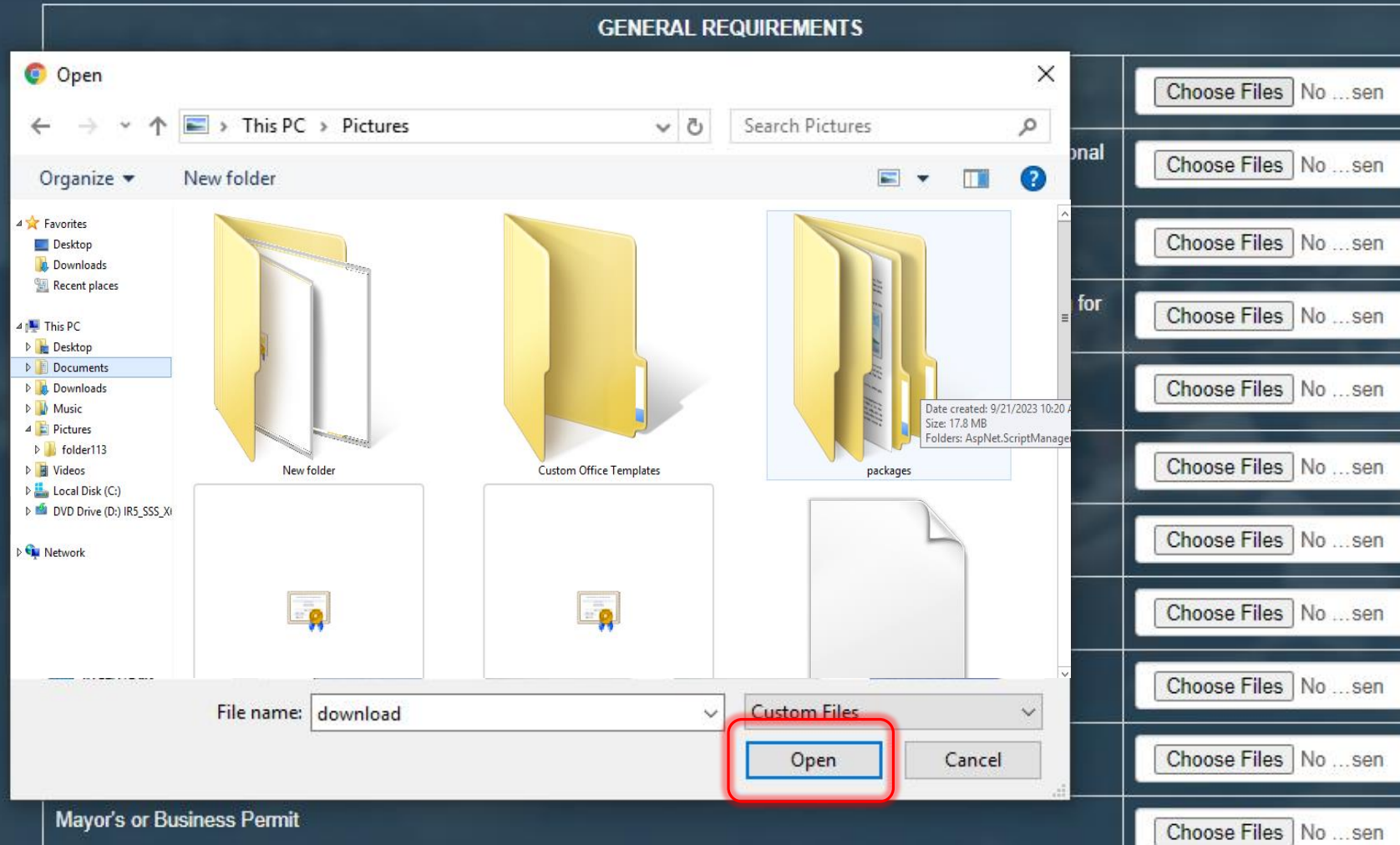
PUBLIC SITE (Provider) – Apply as Accredited Provider

GENERAL REQUIREMENTS	
Three-Year Annual Plan of proposed CPD Programs	<input type="button" value="Choose Files"/> No ...sen
Resume must include relevant Educational background, current employment, profession, principal area of professional work & No. of years in the practice of the regulated profession	<input type="button" value="Choose Files"/> No ...sen
DTI Certificate of Registration (authenticated copy)	<input type="button" value="Choose Files"/> No ...sen
Valid Professional Identification Card of the proprietor which shall be of the same profession that he/she is applying for	<input type="button" value="Choose Files"/> No ...sen
Profile which include Mission, Vision, Core Values and if any, a list with details of previous training programs and activities conducted	<input type="button" value="Choose Files"/> No ...sen
List with details and photographs with captions of training equipment and facilities	<input type="button" value="Choose Files"/> No ...sen
Instructional Design fro the first program	<input type="button" value="Choose Files"/> No ...sen
NBI Clearance (original copy)	<input type="button" value="Choose Files"/> No ...sen
BIR Certificate of Registration and Tax Clearance (authenticated copy)	<input type="button" value="Choose Files"/> No ...sen
Affidavit of Undertaking (Annex "B-3")	<input type="button" value="Choose Files"/> No ...sen
Mayor's or Business Permit	<input type="button" value="Choose Files"/> No ...sen

Click CHOOSE FILES to upload each required file to proceed with the application

Note: Accepting JPEG, JPG or PNG format only

PUBLIC SITE (Provider) – Apply as Accredited Provider



1. Click the chosen file.
Note: Hold *Ctrl* button to select multiple photos.
2. Click OPEN to choose.

3. Do this to all fields.
4. Click NEXT.

PUBLIC SITE (Provider) – Apply as Accredited Provider

BIR Certificate of Registration and Tax Clearance (authenticated copy)	<input type="button" value="Choose Files"/> No ...sen
Affidavit of Undertaking (Annex "B-3")	<input type="button" value="Choose Files"/> No ...sen
Mayor's or Business Permit	<input type="button" value="Choose Files"/> No ...sen

SPECIFIC REQUIREMENTS

Note: If the applicant have Joint Venture Agreement (JVA) or Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA), kindly submit the hardcopy in any nearest PRC office.

Before proceeding to the next step, please take note:

If the applicant have Joint Venture Agreement (JVA) or Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA), kindly submit the hardcopy in any nearest PRC office.

PUBLIC SITE (Provider) – Apply as Accredited Provider

The screenshot shows the 'Payment' step of a seven-step application process. The steps are: General Information, Resume, Company Profile, Training Facilities, Others, Payment, and Confirmation. The 'Payment' step is highlighted with a white circle on the progress bar. Below the progress bar, there are four blue boxes. The first box, labeled 'PayMaya', shows the PayMaya logo, Visa and JCB logos, and the text 'Credit | Debit'. Below this box, it says '+ 1.25% (of the total amount) convenience fee'. The second box, labeled 'PRC - CASHIER', shows the Professional Regulation Commission logo and the text 'PRC - CASHIER'. Below this box, it says '+ No convenience fee'. The third and fourth boxes are labeled 'COMING SOON'. At the bottom of the screen, there are navigation buttons: 'First', 'Previous', 'Next', and 'Last'. The 'Next' button is highlighted with a red circle.

The screenshot shows the 'Confirmation' step of the application process. The progress bar shows the 'Confirmation' step as the final step. Below the progress bar, there are four blue boxes. The first box, labeled 'PayMaya', shows the PayMaya logo, Visa and JCB logos, and the text 'Credit | Debit'. Below this box, it says '+ 1.25% (of the total amount) convenience fee'. The second box, labeled 'PRC - CASHIER', shows the Professional Regulation Commission logo and the text 'PRC - CASHIER'. Below this box, it says '+ No convenience fee'. The third and fourth boxes are labeled 'COMING SOON'. A white dialog box with a red border is overlaid on the screen. It contains an information icon, the text 'YOU HAVE CHOSEN', and 'PAYMAYA VISA/MASTER/JCB'. Below the text is an 'OK' button. At the bottom of the screen, there are navigation buttons: 'First', 'Previous', 'Next', and 'Last'.

1. Select on the payment options for the convenience of the applicant.
2. After selecting the payment mode, a dialogue box will prompt to confirm the same.
3. Click NEXT once verified.

Note: For PayMaya and other allied payment options, there will be 1.25% convenience fee of the total amount of application.

PUBLIC SITE (Provider) – Apply as Accredited Provider

CONTACT PERSON

Fullname: Marjie Yucot

Position/Designation: Secretary

Department/Office: Chemistry Department

Email: marjieyucot@gmail.com

Contact No: 09206376571

(Your information cannot be edited after you submit your application, please thoroughly review any misspellings or capitalizations on your information).

SUBMIT APPLICATION

First

Previous

Next

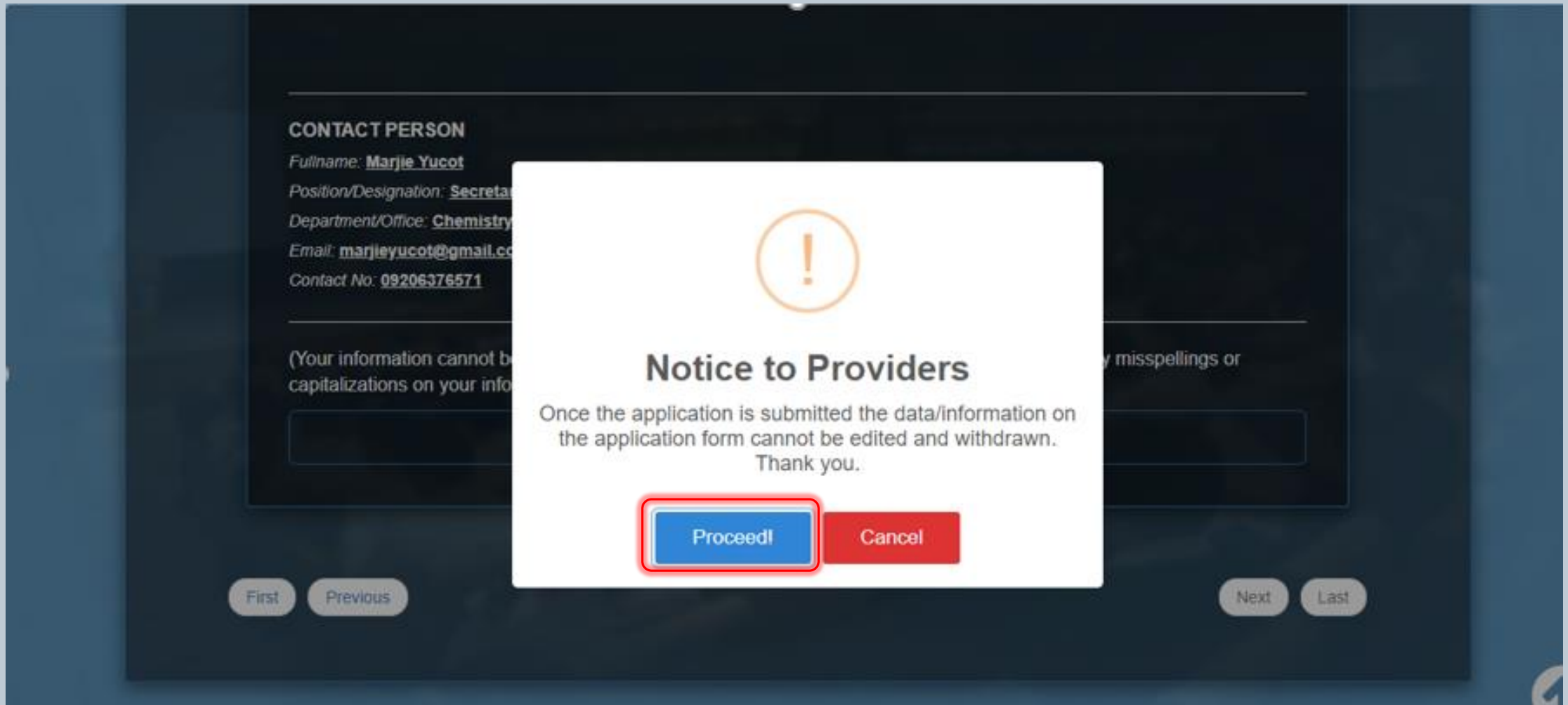
Last



Click SUBMIT APPLICATION once done.

Note: application will not proceed if there is any lacking field

PUBLIC SITE (Provider) – Apply as Accredited Provider



The screenshot displays a web application interface for applying as an accredited provider. A modal dialog box is centered on the screen, featuring an orange exclamation mark icon at the top. The dialog is titled "Notice to Providers" and contains the following text: "Once the application is submitted the data/information on the application form cannot be edited and withdrawn. Thank you." At the bottom of the dialog are two buttons: "Proceed" (highlighted with a red border) and "Cancel".

In the background, a form titled "CONTACT PERSON" is visible, containing the following information:

- Fullname: Marjie Yucot
- Position/Designation: Secretar
- Department/Office: Chemistry
- Email: marjeyucot@gmail.co
- Contact No: 09206376571

Below the contact information, there is a note: "(Your information cannot be... capitalizations on your info)". At the bottom of the form, there are navigation buttons: "First", "Previous", "Next", and "Last".

Read the Notice and Click PROCEED to finalize.

PUBLIC SITE (Provider) – Apply as Accredited Provider

UNDERTAKING

UNDERTAKING

In connection with my application as CPD Provider, I hereby undertake to comply with the requirements set forth in the CPD guidelines; that I will conduct at least one (1) accredited CPD program within a year from the issuance of the accreditation and every year thereafter; that I will ensure the activities conducted meet the criteria set forth by the CPD Council; I will conduct the program in accordance with its approval; and I will submit genuine and correct documents in support to my application and other reports required by the CPD Council.

By clicking Submit Application, you agree to our Terms and that you have read our Data Privacy Policy, and confirm that the information you provide are true and correct to the best of your knowledge. You will also receive email notifications regarding your application.

SUBMIT APPLICATION

First

Previous

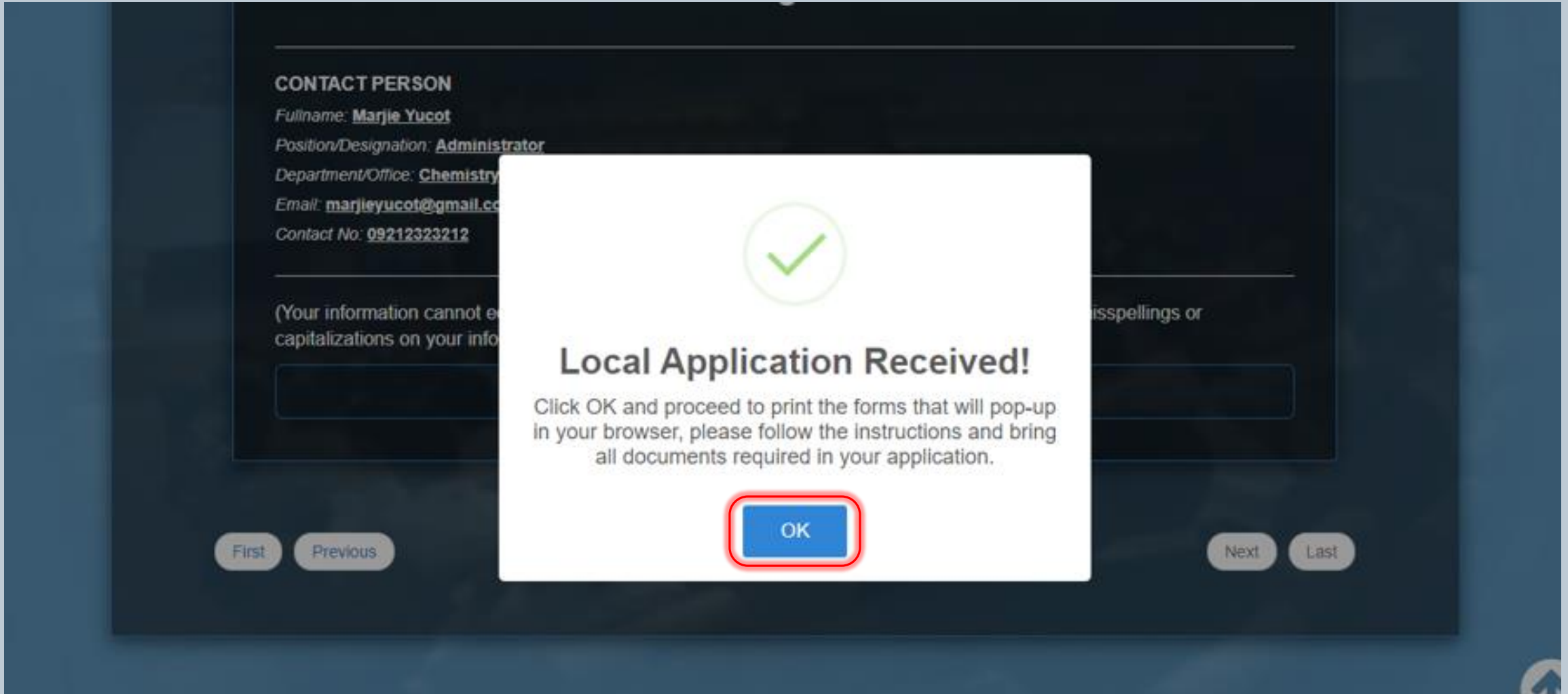
Next

Last



Click SUBMIT APPLICATION to agree with the Undertaking.

PUBLIC SITE (Provider) – Apply as Accredited Provider



CONTACT PERSON
Fullname: Marjie Yucot
Position/Designation: Administrator
Department/Office: Chemistry
Email: marjleyucot@gmail.com
Contact No: 09212323212

(Your information cannot be
capitalizations on your info

misspellings or

Local Application Received!

Click OK and proceed to print the forms that will pop-up
in your browser, please follow the instructions and bring
all documents required in your application.


OK


First Previous Next Last

Click OK to proceed with the printing of forms which will prompt.

Note: Username and Temporary Password will be e-mailed once the application is approved by the Council concerned


PUBLIC SITE (Provider) – Apply as Accredited Provider (PayMaya)


 Credit/Debit Card

Card Details 

First Name Last Name


Card Number

Expiry Date CVV 

 Conveniently receive your receipts by Email or SMS.

Email / PH Mobile (Optional)

Pay now

 PRC

Order Summary

INDIVIDUAL / SOLE PRIPRIETO...	PHP 5,000.00
Service Charge	PHP 62.50
Total Amount	PHP 5,062.50

Powered by  PayMaya Enterprise

If the payment mode selected is PayMaya:

1. The applicant will be directed to an external portal to process the payment.
2. Pay the TOTAL AMOUNT reflected, including the Service Charge.

PUBLIC SITE (Provider) – Apply as Accredited Provider

Professional Regulation Commission		
APPLICATION FOR ACCREDITATION AS CPD PROVIDER(LOCAL)		
CPD Council for/of CIVIL ENGINEERING		
<input type="checkbox"/> New <input type="checkbox"/> Renewal Accreditation No. _____ Expiry Date _____		
Part I. Personal / Corporate Information		
Classification: Firm / Partnership / Corporation		
Name of Provider: PHILIPPINE INSTI		
Address: 7TH FLOOR ROOM 705, 7TH TRIANGLE		
SEC Registration No.: CN1234567890	Date of Registration: 09/01/2020	TIN: 123456789000
Telephone No.: +63	Fax No.: +63 2	
E-mail Address: ALGUINTO101.COM	Website: HTTP://WWW.PH	
Contact Person: DR.	Contact No.: 091	
Part II. Acknowledgment		
I HEREBY CERTIFY that the information above entered by me are true and correct to the best of my knowledge and belief. I further authorize PRC and other agencies to investigate the authenticity of all the documents presented.		
_____ Signature Over Printed Name		
PRESIDENT		
Position		
August 31, 2020		
Date		
Part III. Action Taken		
Continuing Professional Development Section:	Cash Division:	
Processed by: _____	Amount : _____	
Date : _____	O.R. No./Date : _____	
	Issued by : _____	
ACTION TAKEN BY THE CPD COUNCIL		
<input type="checkbox"/> Approved Accreditation No. _____		
<input type="checkbox"/> Deferred pending compliance _____		
<input type="checkbox"/> Disapproved due to _____		
_____ Chairperson		
_____ Member	_____ Member	_____ Date

CPD-01-A
Rev. 03
November 09, 2017
Page 1 of 2

Republic of the Philippines Professional Regulation Commission Manila	
ORDER OF PAYMENT	
Order of Payment #	PROV-2020-471
Payor	PHILIPPINE INSTITUTE OF CIVIL ENGINEERS C.
Date	August 31, 2020
FEE	AMOUNT
PAYMENT FOR APPLICATION AS CPD PROVIDER	PHP 5000
TOTAL AMOUNT	PHP 5000

If the payment mode selected is PRC Cashier:

Application Form and Order of Payment prompt after successful submission of application.

The PDF file should be printed out for processing of application

PUBLIC SITE (Provider) – Apply as Accredited Provider



Republic of the Philippines
PROFESSIONAL REGULATION COMMISSION

APPLICATION FOR CPD PROVIDER

Dear ~~Arman~~ Lozano Quinto;

Thank you for your application for accreditation as a CPD provider.

You may print your Application Form [here](#).

Thank you.

This email is system generated. The recipient should check the email for threats with proper software, as the commission does not accept liability for any damage inflicted by viewing the content of this email.
DO NOT REPLY.

© 2017 - Professional Regulation Commission

Once the application is SUBMITTED, an e-mail will be sent to the applicant.

PUBLIC SITE (Provider) – Apply as Accredited Provider



Republic of the Philippines
PROFESSIONAL REGULATION COMMISSION

APPROVAL OF APPLICATION AS CPD PROVIDER

Dear Carmela Diaz;

This is to inform you that your application for accreditation as CPD Provider has been approved by the CPD Council for Radiologic Technology. Your CPD Accreditation No. is **0000-2020-007**. You may claim your Certificate of Accreditation at PRC - NCR (PICC) office in Delegation Bldg., Philippine International Convention Center (PICC), Vicente Sotto St., Pasay, Metro Manila, 30 days upon receiving this email.

You may now access your account at our [CPD Accreditation System](#) with the following information:

Username: RAD-2020-007

Password: RAD-2020-007

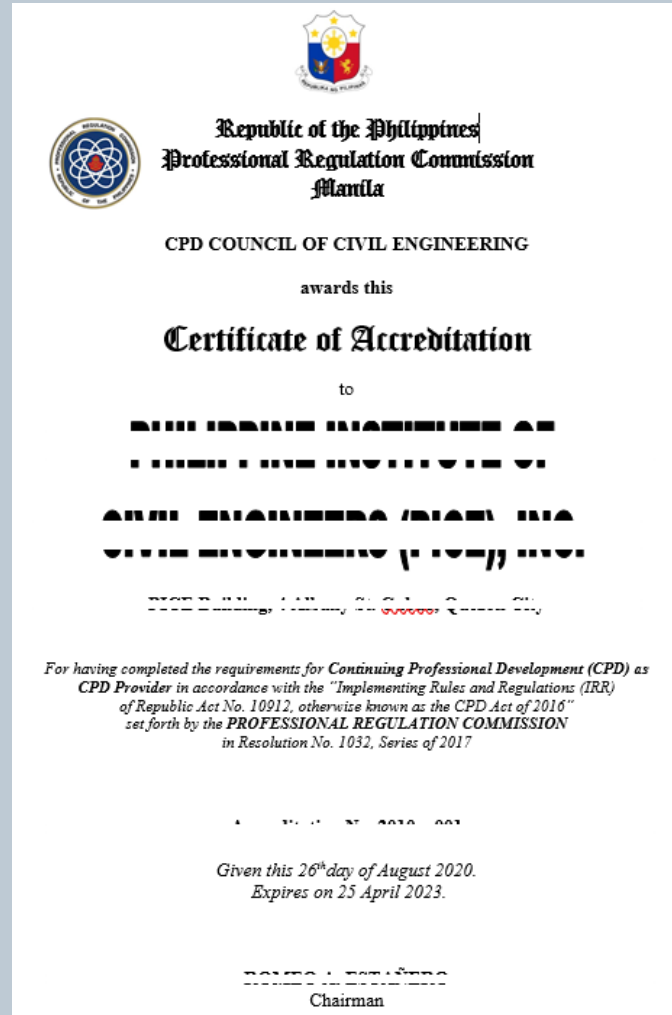
You will be asked to change your password immediately for security purposes.

This email is system generated. The recipient should check the email for threats with proper software, as the commission does not accept liability for any damage inflicted by viewing the content of this email.
DO NOT REPLY.

© 2017 - Professional Regulation Commission

Once the application is APPROVED, an e-mail will be sent to the applicant containing the default username and password.

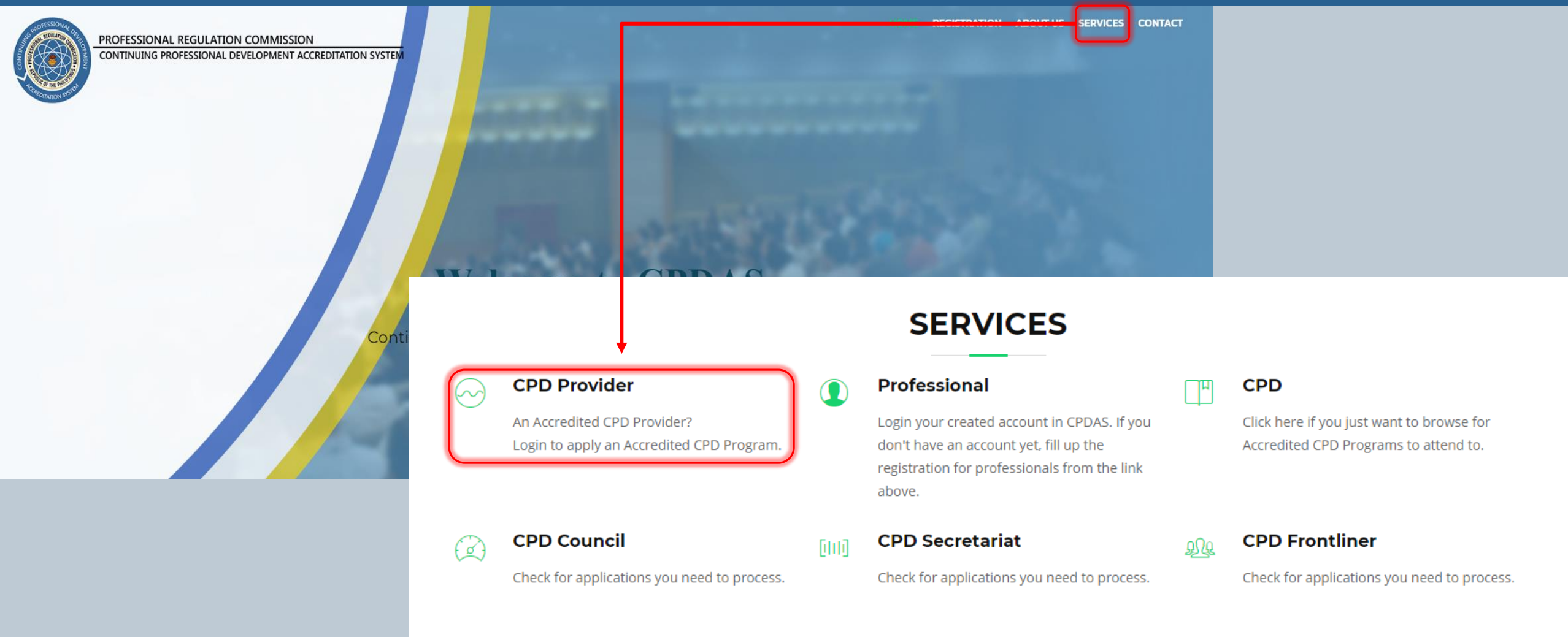
PUBLIC SITE (Provider) – Apply as Accredited Provider



Certificate of Accreditation ("CoA") will be awarded to Accredited Provider.

Accredited Provider (Logging-in)







PUBLIC SITE (Provider) – Logging-in



PROFESSIONAL REGULATION COMMISSION
CONTINUING PROFESSIONAL DEVELOPMENT ACCREDITATION SYSTEM


HOME REGISTRATION ABOUT US **SERVICES** CONTACT

SERVICES

-  **CPD Provider**
An Accredited CPD Provider?
Login to apply an Accredited CPD Program.
-  **Professional**
Login your created account in CPDAS. If you don't have an account yet, fill up the registration for professionals from the link above.
-  **CPD**
Click here if you just want to browse for Accredited CPD Programs to attend to.
-  **CPD Council**
Check for applications you need to process.
-  **CPD Secretariat**
Check for applications you need to process.
-  **CPD Frontliner**
Check for applications you need to process.

1. Go to 122.53.86.252 link for CPDAS Home Page
2. Click SERVICES
3. Click CPD PROVIDER to proceed to log-in page

PUBLIC SITE (Provider) – Logging-in



Username

Password

Login

Forgot Password?

< Back

Login using the Username and Password sent to valid e-mail address after the approval of the Council concerned.

Application of Program

by Accredited Provider

PUBLIC SITE (Provider) – Apply Program



PROFESSIONAL REGULATION COMMISSION
Continuing Professional Development Accreditation System

LOGOUT

DASHBOARD PROGRAMS PROFILE DOWNLOADABLES CHANGE PASSWORD

PROGRAMS

[+ CLICK HERE TO APPLY A PROGRAM](#)

LIST OF APPLIED PROGRAMS

Title of Program	Accreditation No.	Target no. of Participants	Duration	Credit Units	Status	Action
No data available in table						

Showing 0 to 0 of 0 entries

Previous Next

Click +CLICK HERE TO APPLY A PROGRAM.

PUBLIC SITE (Provider) – Apply Program

[DASHBOARD](#)[PROGRAMS](#)[PROFILE](#)[DOWNLOADABLES](#)[CHANGE PASSWORD](#)

APPLICATION FOR A NEW PROGRAM

[BACK TO LIST OF PROGRAMS](#)

PROGRAM DETAILS

Please Select Appointment Place if additional requirements are needed:

SELECT REGIONAL OFFICE

Select appointment place for passing of additional requirements.

Title of Program

Title of Program

Program Type

Program Type

Profession

Profession

Course Description

Course Description

1. Select PLEASE SELECT APPOINTMENT PLACE IF ADDITIONAL REQUIREMENTS ARE NEEDED where to process the application.

2. Fill in all the fields completely and accurately

PUBLIC SITE (Provider) – Apply Program

DASHBOARD PROGRAMS PROFILE DOWNLOADABLES CHANGE PASSWORD

Course Description

Course Description

Objectives

Objectives

Registration Fee

Registration Fee

☐ Free

Target no. of Participants

Target no. of Participants

Program Total Hours

PROGRAM SCHEDULE

Date From

Date From

Date To

Date To

Venue

Venue

Fill in all fields completely and accurately

PUBLIC SITE (Provider) – Apply Program

DASHBOARD



PROGRAMS

PROFILE

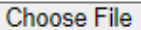
DOWNLOADABLES


CHANGE PASSWORD

PROGRAM OF ACTIVITIES

Topic	Time Frame	Speaker	
<input type="text"/>	<input type="text" value="00:00 am - 00:00 am"/>	<input type="text"/>	

Upload Program Promotional Image here (Image File recommended size : 500 x 280 pixels)

 No file chosen



1. Type the Topic aggregated from the overall program.
2. Type the Time Frame (follow shadow format).
3. Type the full name of the Speaker.

4. Click + green button to add topic.
5. Click x red button to remove encoded topic.
6. To UPLOAD PROGRAM PROMOTIONAL IMAGE (as required), click CHOOSE FILE.

PUBLIC SITE (Provider) – Apply Program

[DASHBOARD](#)[PROGRAMS](#)[PROFILE](#)[DOWNLOADABLES](#)[CHANGE PASSWORD](#)

GENERAL REQUIREMENTS

Instructional Design as prescribed by the relevant Board.

Program of Activities showing time/duration of topics/workshop and resource persons with position and office, and evaluation period.

Evaluation method or tool that measures the learning gained by the participants specific and appropriate to course objectives set

Resume of resource persons relevant to CPD program applied for

Photo copy of valid Professional Identification Card of resource persons if registered professional. Otherwise, submit photocopy of government-issued or company Identification Card.

Valid Special Temporary Permit if the resource person is a foreigner and if engagement is more than three (3) days or there is physical contact with patients in the case of medical and allied professions.

Breakdown of expenses for the conduct of the CPD program.

For Online Learning, Declaration of Minimum Technical Requirements (e.g. Operating System, Processor, Memory, Browser, Internet Connection, etc.)

SPECIFIC REQUIREMENTS

1. Check the completeness of the requirements (vary).
2. Consolidate and save as ONE file.

Note: Accepting PDF format only.

PUBLIC SITE (Provider) – Apply Program

[DASHBOARD](#)[PROGRAMS](#)[PROFILE](#)[DOWNLOADABLES](#)[CHANGE PASSWORD](#)

For Online Learning, Declaration of Minimum Technical Requirements (e.g. Operating System, Processor, Memory, Browser, Internet Connection, etc.)

PROGRAM APPLICATION REQUIREMENTS

Upload PDF form of your requirements here (File recommended: PDF file only)

Upload Files

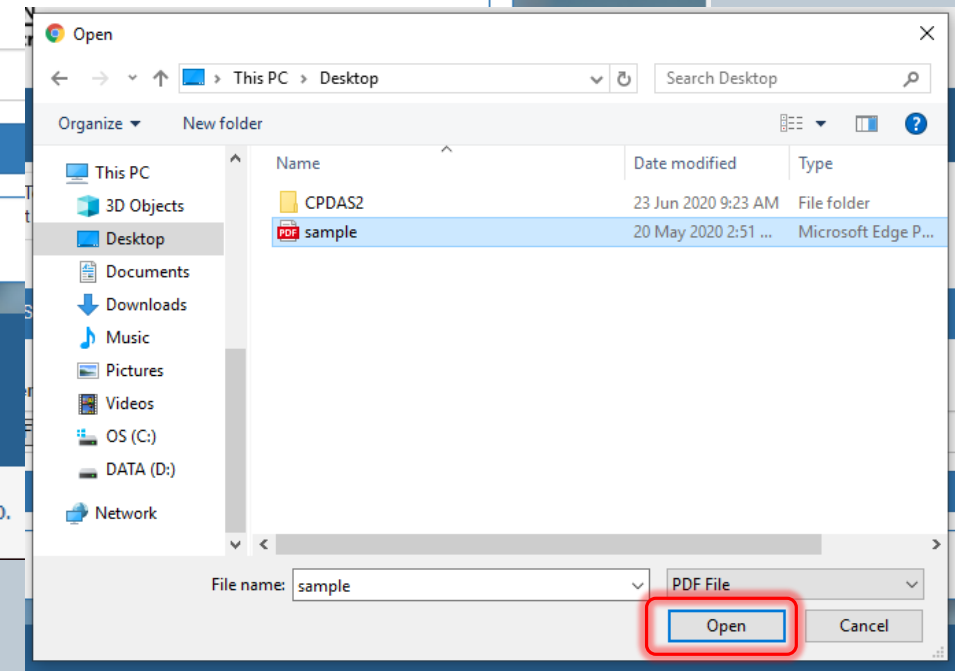
Choose File

No file chosen

SUBMIT



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1. Click the CHOOSE FILE to open files box.
2. Select the appropriate document in PDF form
3. Click OPEN to choose.

PUBLIC SITE (Provider) – Apply Program

For Online Learning, Declaration of Minimum Technical Requirements (e.g. Operating System, Processor, Memory, Browser, Internet Connection, etc.)

SELECT PAYMENT CHANNEL



+ 1.25% (of the total amount) convenience fee



+ No convenience fee

COMING SOON

COMING SOON

PROGRAM APPLICATION REQUIREMENTS

Compile all your requirements in ONE (1) PDF file and arrange according to the list above.

Upload PDF form of your compiled requirements here (File recommended: PDF file only)

Upload Files: No file chosen



YOU HAVE CHOSEN
PAYMAYA VISA/MASTER/JCB

OK

1. Select on the payment options for the convenience of the applicant.
2. After selecting the payment mode, a dialogue box will prompt to confirm the same.
3. Click OK once verified.

Note: For PayMaya and other allied payment options, there will be 1.25% convenience fee of the total amount of application.

PUBLIC SITE (Provider) – Apply Program

PROGRAM APPLICATION REQUIREMENTS

Upload PDF form of your requirements here (File recommended: PDF file only)

Upload Files

Choose File sample.pdf

 SUBMIT



Submit program application?


Please make sure all of your entries are correct before proceeding.


Proceed!

Cancel

1. Click SUBMIT to submit the attached PDF file of requirements.
2. Click PROCEED to finalize the uploading.


PUBLIC SITE (Provider) – Apply Program (PayMaya)


 Credit/Debit Card

Card Details 

First Name Last Name


Card Number

Expiry Date CV 

 Conveniently receive your receipts by Email or SMS.

Email / PH Mobile (Optional)

Pay now


PRC

Order Summary

PROGRAM APPLICATION	PHP 1,000.00
---------------------	--------------

Service Charge	PHP 12.50
----------------	-----------

Total Amount	PHP 1,012.50
--------------	---------------------

Powered by  PayMaya Enterprise

If the payment mode selected is PayMaya:

1. The applicant will be directed to an external portal to process the payment.
2. Pay the TOTAL AMOUNT reflected, including the Service Charge.

PUBLIC SITE (Provider) – Apply Program

Professional Regulation Commission							
APPLICATION FOR ACCREDITATION AS CPD PROGRAM							
CPD Council for/of Civil Engineering							
Part I. General Information							
Name of Provider: Phil... s, Inc.							
Accreditation No.: OCE-2020-004	Expiration Date: September 01, 2023						
Contact Person: Dr. ...	Designation: President						
Contact No: +63 2 ...	Date of Application: September 01, 2020						
Proposed Program: Convention							
Title of Program: ...rete Structure using ETABS in Accord							
No. of times program to be conducted: 1	Time / Duration: 8						
Target Participants / No.: 100	Registration / Seminar Fee to be collected: 1000						
Schedule: <table><tr><th>Start Date</th><th>End Date</th><th>Venue</th></tr><tr><td>September 30, 2020</td><td>September 30, 2020</td><td>Zoom</td></tr></table>		Start Date	End Date	Venue	September 30, 2020	September 30, 2020	Zoom
Start Date	End Date	Venue					
September 30, 2020	September 30, 2020	Zoom					
Course Description: P ... Structure using ETABS in Accord							
Objectives: f ... Structure using ETABS in Accord							
Part II. Acknowledgment							
I HEREBY CERTIFY that the above information written by me are true and correct to the best of my knowledge and belief. I further authorize PRC and other agencies to investigate the authenticity of all the documents presented.							
Dr. _____ Signature Over Printed Name							
_____ President							
_____ Position							
August 31, 2020 Date							

Republic of the Philippines Professional Regulation Commission Manila	
ORDER OF PAYMENT	
Order of Payment #	PROG-2020-51
Payor	PHIL... INC.
Program Title	PICE... RUCTURAL TRUCTURE
No. of times to be conducted	1
Date	August 31, 2020
FEE	AMOUNT
PAYMENT FOR PROGRAM APPLICATION	PHP 1000
TOTAL AMOUNT (times to be conducted * fee)	PHP 1000

If the payment mode selected is PRC Cashier:

Application Form and Order of Payment prompt after successful submission of application.

The PDF file should be printed out for processing of application

PUBLIC SITE (Provider) – Apply Program



Republic of the Philippines
PROFESSIONAL REGULATION COMMISSION

APPLICATION FOR CPD PROGRAM

Dear Engr. Ferdinand B. Clemente,

Thank you for your application for accreditation for CPD program. Please submit the following. You may print your Application Form [here](#).











Thank you.

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DO NOT REPLY.

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Once the application is SUBMITTED, an e-mail will be sent to the applicant.

PUBLIC SITE (Provider) – Status of Application

LIST OF APPLIED PROGRAMS						
Title of Program	Accreditation No.	Target no. of Participants	Duration	Credit Units	Status	Action
Chemical Reaction	Not Accredited	35	3 hours	Not Accredited	Disapproved	
Biochemical Seminar	Pending	24	3 hours	Pending	Submitted	
Chemical Biology Seminar	CHM-2020-001-001	50	3 hours	5	Accredited	    
Inorganic Chemistry Seminars	Pending	25	3 hours	Pending	On process	
Inorganic Chemistry NCR	Pending	25	3 hours	Pending	Deferred	 

Showing 1 to 5 of 5 entries

Previous 1 Next

STATUS of all applied Programs.

Submitted

Application is in
Regional Office

On process

Application is in
CPD Council

Deferred

Application is
on-hold for a reason

Disapproved

Application will not
pursue and will not be
Accredited

PUBLIC SITE (Provider) – Deferred Program Application



Republic of the Philippines
PROFESSIONAL REGULATION COMMISSION

ACTION DEFERRED ON THE APPLICATION OF CPD PROGRAM

Dear Maria Rita Lugo;

After evaluating your application for accreditation of the CPD program entitled 'Redesigning Ignatian Marian Education through CMOM Intentional Delivery Package SAMPLE' to be offered on 9/15/2020 12:00:00 AM at Microsoft Teams, the CPD Council for F

requires you to submit the following documents to support your application:

Evaluation tool should elicit evidence of what the participants learned from the program.

Please submit the said requirements within fifteen (15) days from receipt hereof, otherwise your application shall be deemed cancelled and payment made shall be forfeited in favor of government.

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DO NOT REPLY.

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If the Program is DEFERRED, the applicant will be notified of the reason of being so.

PUBLIC SITE (Provider) – Deferred Program Application

LIST OF APPLIED PROGRAMS

Title of Program	Accreditation No.	Target no. of Participants	Duration	Credit Units	Status	Action
Chemical Reaction	Not Accredited	35	3 hours	Not Accredited	Disapproved	
Biochemical Seminar	Pending	24	3 hours	Pending	Submitted	
Chemical Biology Seminar	CHM-2020-001-001	50	3 hours	5	Accredited	    
Inorganic Chemistry Seminars	Pending	25	3 hours	Pending	On process	
Inorganic Chemistry NCR	Pending	25	3 hours	Pending	Deferred	 

Showing 1 to 5 of 5 entries

Previous 1 Next

1. For **Deferred**, click EDIT button.
2. Revise detail/file as noted on the reason/s of deferment.
3. Click UPDATE.

PUBLIC SITE (Provider) – Deferred Program Application

PROFESSIONAL REGULATION COMMISSION
Continuing Professional Development Accreditation System

LOGOUT

DASHBOARD PROGRAMS PROFILE DOWNLOADABLES CHANGE PASSWORD

UPDATE PROGRAM

LIST OF PROGRAMS

PROGRAM DETAILS

Title of Program: The ABC Webinat (NCR Chapter)

Program Type: Online Learning

Profession: Psychology

Course Description: This webinar is designed for the continued professional development of _____ on topics pertaining to the current pandemic.

Objectives: 1. Describe how the concepts on _____, _____, and _____ can be applied in the workplace.
2. Explain how the principles of _____ can impact occupational health,
3. Determine best practices and procedures in _____

Registration Fee: 500.00

Target no. of Participants: 1000

Program Total Hours: 1

ADDITIONAL APPLICATION REQUIREMENTS

Upload PDF form of your requirements here (File recommended: PDF file only)

Upload Files: Choose File Program_Sample.pdf

UPDATE

1. Comply with all the reasons of deferment which will be communicated to the Provider.
2. Click UPDATE.

PUBLIC SITE (Provider) – Accredited Program



Republic of the Philippines
PROFESSIONAL REGULATION COMMISSION

APPROVAL OF APPLICATION OF CPD PROGRAM

Dear Mabelle C. Padua,



This is to inform you that your application for accreditation of the CPD program entitled Blood Donor Safety, Donor Adverse Events Management and Prevention to be offered on July 30, 2020 at [Lungsod ng Marikina](#) has been approved by the CPD Council for Medical Technology and is given **1** credit units. The CPD Accreditation No. of the said program is **CPD-2020-004-003**. You may claim your Certificate of Accreditation at PRC - NCR (PICC) office in Delegation Bldg., Philippine International Convention Center (PICC), Vicente Sotto St., Pasay, Metro Manila, 30 days upon receiving this email.

This email is system generated. The recipient should check the email for threats with proper software, as the commission does not accept liability for any damage inflicted by viewing the content of this email.
DO NOT REPLY.

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Once the application is Approved, the Provider will receive an e-mail containing the details of the Accredited Program.

PUBLIC SITE (Provider) – Apply Program



Republic of the Philippines
Professional Regulation Commission
Manila

CPD COUNCIL OF CIVIL ENGINEERING

Certificate of Accreditation

This is to certify that the program below is accredited for 4 credit units.

Civil Engineering and Analysis for
Engineering Education

Title of the Program

Training Institute Center

Name of Provider

000-2010-000

Provider Accreditation No.

000-2010-000-1110

Program Accreditation No.

July 4, 2020

Date of the Program

Function Room, Hotel Sheraton, 26th Avenue Highway,
Quezon City, Quezon City

Venue

Given this 11th day of August, 2020 at Manila, Philippines.

ROMEO A. ESTRELLA


Chairman

Certificate of Accreditation (“CoA”) will be awarded to Accredited Program.

Other Features of the Provider Platform

PUBLIC SITE (Provider) – Icon Uses

LIST OF APPLIED PROGRAMS

Title of Program	Accreditation No.	Target no. of Participants	Duration	Credit Units	Status	Action
BRAP-PAMET INTERNATIONAL WEBINAR ON ESSENTIAL BIOSAFETY FOR COVID-19	Pending	1000	3 hours	Pending	Deferred	 
ENHANCING THE COMPETENCIES OF MEDICAL TECHNOLOGISTS IN QUALITY RT-PCR TESTING FOR COVID-19 (Session 1)	OMT-2020-002-002	1000	5 hours	3	Accredited	    
WHAT'S UNDER YOUR HOOD? AN IN-DEPTH DISCUSSION ON BIOSAFETY CABINETS	OMT-2020-002-001	1000	2 hours	2	Accredited	    

VIEW DETAILS of the Program

Request for Change of Program Schedule and Venue

Attendance Encoding

Completion Report

View Feedbacks

Buttons under the LIST OF APPLIED PROGRAMS

PUBLIC SITE (Provider) – Request for Change of Program Schedule or Venue

LIST OF APPLIED PROGRAMS

Title of Program	Accreditation No.	Target no. of Participants	Duration	Credit Units	Status	Action
BRAP-PAMET INTERNATIONAL WEBINAR ON ESSENTIAL BIOSAFETY FOR COVID-19	Pending	1000	3 hours	Pending	Deferred	 
ENHANCING THE COMPETENCIES OF MEDICAL TECHNOLOGISTS IN QUALITY RT-PCR TESTNG FOR COVID-19 (Session 1)	OMT-2020-002-002	1000	5 hours	3	Accredited	    
WHAT'S UNDER YOUR HOOD? AN IN-DEPTH DISCUSSION ON BIOSAFETY CABINETS	OMT-2020-002-001	1000	2 hours	2	Accredited	    

VIEW DETAILS of the Program

Request for Change of Program Schedule and Venue

Attendance Encoding

Completion Report

View Feedbacks

Buttons under the LIST OF APPLIED PROGRAMS

PUBLIC SITE (Provider) – Request for Change of Program Schedule or Venue

LIST OF APPLIED PROGRAMS

Title of Program	Accreditation No.	Target no. of Participants	Duration	Credit Units	Status	Action
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Chemical Biology Seminar	CHM-2020-001-001	50	3 hours	5	Accredited	    
Inorganic Chemistry Seminars	Pending	25	3 hours	Pending	On process	
Inorganic Chemistry NCR	Pending	25	3 hours	Pending	Deferred	 

Showing 1 to 5 of 5 entries

Previous 1 Next

For change of schedule and/or venue, click REQUEST FOR CHANGE OF SCHEDULE AND VENUE button.

Note: any request to be made is subject to the approval of the concerned Council and **this can only be used once per Accredited Program.**

PUBLIC SITE (Provider) – Request for Change of Program Schedule or Venue

REQUEST FOR CHANGE OF PROGRAM SCHEDULE

Please encode completely your new chosen date and venue for your program.


Date Start: Date Finish:

Venue:

State your Reason:

Status of Request:

Supply date and/or venue to be requested for change/s.



Notice to Providers

Once the request is submitted, the data/information on the request form can neither be edited nor withdrawn. This request can only be used ONCE. Thank you.

1. Fill in date and/or venue to be requested for change/s and state your reason.
2. Click SUBMIT
3. A dialogue box will prompt reminding that this feature can only be used ONCE, click PROCEED if understood.

PUBLIC SITE (Provider) – Attendance Encoding

LIST OF APPLIED PROGRAMS

Title of Program	Accreditation No.	Target no. of Participants	Duration	Credit Units	Status	Action
BRAP-PAMET INTERNATIONAL WEBINAR ON ESSENTIAL BIOSAFETY FOR COVID-19	Pending	1000	3 hours	Pending	Deferred	 
ENHANCING THE COMPETENCIES OF MEDICAL TECHNOLOGISTS IN QUALITY RT-PCR TESTING FOR COVID-19 (Session 1)	OMT-2020-002-002	1000	5 hours	3	Accredited	    
WHAT'S UNDER YOUR HOOD? AN IN-DEPTH DISCUSSION ON BIOSAFETY CABINETS	OMT-2020-002-001	1000	2 hours	2	Accredited	    

VIEW DETAILS of the Program

Request for Change of Program Schedule and Venue

Attendance Encoding




Completion Report

View Feedbacks

Buttons under the LIST OF APPLIED PROGRAMS

PUBLIC SITE (Provider) – Attendance Encoding

LIST OF APPLIED PROGRAMS

Title of Program	Accreditation No.	Target no. of Participants	Duration	Credit Units	Status	Action
Chemical Reaction	Not Accredited	35	3 hours	Not Accredited	Disapproved	
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Inorganic Chemistry NCR	Pending	25	3 hours	Pending	Deferred	 

Showing 1 to 5 of 5 entries

Previous 1 Next

After the conduct of the accredited Program, attendance of the participants is required to be encoded/uploaded:
Click ATTENDANCE ENCODING button.

Note: Provider can choose between uploading the file (with proper format) or manually encoding the attendance of participants.

PUBLIC SITE (Provider) – Attendance Encoding



PROFESSIONAL REGULATION COMMISSION
Continuing Professional Development Accreditation System

LOGOUT 

DASHBOARD

PROGRAMS

PROFILE

DOWNLOADABLES

CHANGE PASSWORD

 LIST OF PROGRAMS

PROGRAM DETAILS

Program Title : Chemical Biology Seminar
Accreditation No. : CHM-2020-001-001

Program Schedule

Select from the list



Select Date

Select from the list



1. Select Schedule.
2. Select Date.

PUBLIC SITE (Provider) – Attendance Encoding (Upload File)

Required Format in Excel File (.xls):

First name	Middle name	Last name	Profession Code	License No.	Time in	Time out	Unit/s Earned
Juan	Cruz	Dea Cruz	OCE	123456	09:00 AM	12:00 PM	3

UPLOAD ATTENDANCE

NOTE: You can upload your excel file of Attendance Encoding here, using the Template format in Downloadables or you can encode it manually below. Please use the Profession Code Reference for encoding.

No file chosen

If the Provider chose to upload the file:

1. Required format shall be followed (as exhibited above in excel file: .xls).

2. Click CHOOSE FILE to select a file

3. Click UPLOAD FILE to save in the database.

Note: Profession Codes are shown on the next slide

PUBLIC SITE (Provider) – Profession Codes

PROFESSION CODE REFERENCE

Description	Profession Code
Accountancy	ACC
Aeronautical Engineering	AER
Agricultural and Biosystems Engineering	AGE
Agriculture	AGR
Architecture	ARC
Chemical Engineering	CHE
Chemistry	CHM
Civil Engineering	OCE
Criminology	CRM
Customs Broker	OCB
Dentistry	DNT
Electrical Engineering	OEE
Electronics Engineering	ECE
Environmental Planning	OEP
Fisheries Technologists	FIS

Description	Profession Code
Foresters	FRT
Geodetic Engineering	OGE
Geology	GEO
Guidance and Counseling	OGC
Interior Design	OID
Landscape Architecture	OLA
Librarianship	LIB
Master Plumbing	OMP
Mechanical Engineering	MEE
Medical Technology	OMT
Medicine	MED
Metallurgical Engineering	OME
Midwifery	MDW
Mining Engineering	MIN
Naval Architecture	NAME

Description	Profession Code
Nursing	NRS
Nutrition & Dietetics	NAD
Occupational Therapy	OCT
Optometry	OPT
Pharmacy	PHA
Physical Therapy	PHT
Professional Teachers	PTR
Psychology	PSYCH
Radiologic Technology	RAD
Real Estate Service	RAE
Respiratory Therapy	RES
Sanitary Engineering	SAN
Social Work	OSW
Veterinary Medicine	VET

PUBLIC SITE (Provider) – Attendance Encoding (Manual Encode)

ENCODE ATTENDANCE HERE

Instruction: Enter your number of attendees, then click **PROCEED** to encode their details. Make sure to encode details correctly before submitting. Lastly, click **NEXT** and **SUBMIT** to save your data.

Number of Participants

PROCEED

	First name	Middle name	Last name	Profession Code	License No.	Time in	Time out	Unit/s Earned
--	------------	-------------	-----------	-----------------	-------------	---------	----------	---------------

If the Provider chose to manually encode:

1. Enter the actual no. of participants.
2. Click PROCEED to activate number of slots where to encode.

3. Encode information of each participant accordingly, Professional Codes are provided.

(see next slide)

PUBLIC SITE (Provider) – Attendance Encoding (Manual Encode)

[DASHBOARD](#)[PROGRAMS](#)[PROFILE](#)[DOWNLOADABLES](#)[CHANGE PASSWORD](#)

	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
23.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
24.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
25.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	First name	Middle name	Last name	Profession	License No.	Time in	Time out	Unit/s Earned

LIST OF ATTENDEES ENCODED

List is alphabetized by Last Name.

First Name	Middle Name	Last Name	Profession Code	License Number	Time In	Time Out	Unit/s Earned
------------	-------------	-----------	-----------------	----------------	---------	----------	---------------

- Once done with the encoding, click NEXT.
- Successful encoding will be reflected on the LIST OF ATTENDEES ENCODED.

PUBLIC SITE (Provider) – Completion Report

LIST OF APPLIED PROGRAMS

Title of Program	Accreditation No.	Target no. of Participants	Duration	Credit Units	Status	Action
BRAP-PAMET INTERNATIONAL WEBINAR ON ESSENTIAL BIOSAFETY FOR COVID-19	Pending	1000	3 hours	Pending	Deferred	 
ENHANCING THE COMPETENCIES OF MEDICAL TECHNOLOGISTS IN QUALITY RT-PCR TESTING FOR COVID-19 (Session 1)	OMT-2020-002-002	1000	5 hours	3	Accredited	    
WHAT'S UNDER YOUR HOOD? AN IN-DEPTH DISCUSSION ON BIOSAFETY CABINETS	OMT-2020-002-001	1000	2 hours	2	Accredited	    

VIEW DETAILS of the Program

Request for Change of Program Schedule and Venue

Attendance Encoding


Completion Report

View Feedbacks

Buttons under the LIST OF APPLIED PROGRAMS

PUBLIC SITE (Provider) – Completion Report

LIST OF APPLIED PROGRAMS

Title of Program	Accreditation No.	Target no. of Participants	Duration	Credit Units	Status	Action
Chemical Reaction	Not Accredited	35	3 hours	Not Accredited	Disapproved	
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Inorganic Chemistry NCR	Pending	25	3 hours	Pending	Deferred	 

Showing 1 to 5 of 5 entries

Previous 1 Next

COMPLETION REPORT shall be accomplished **30 days AFTER** the conduct of the Program and the hardcopy shall be submitted to the nearest PRC office as also required.

PUBLIC SITE (Provider) – View Feedbacks from Monitors

PROGRAM DETAILS

Title of Program

ENHANCING THE COMPETENCIES OF MEDICAL TECHNOLOGISTS IN QUALITY RT-PCR TESTING FOR COVID-19 (Session 1)

Accreditation No.

OMT-2020-002-002

Accreditation Date

07/23/2020

Program Schedule

Select from the list

Total Number of Participants

Total Number of Participants

Executive Summary

Executive Summary

Proceedings

(This part must include the following:
relevant information, issues, and concerns,
records of discussion during the open
forum, among others.)



Proceedings

SAVE AND PRINT

1. Select Program Schedule.
2. Encode Actual Total Number of Participants.
3. Encode Executive Summary.
4. Encode Proceedings
5. Once done, Click SAVE AND PRINT.

PUBLIC SITE (Provider) – View Feedbacks from Monitor

LIST OF APPLIED PROGRAMS

Title of Program	Accreditation No.	Target no. of Participants	Duration	Credit Units	Status	Action
BRAP-PAMET INTERNATIONAL WEBINAR ON ESSENTIAL BIOSAFETY FOR COVID-19	Pending	1000	3 hours	Pending	Deferred	 
ENHANCING THE COMPETENCIES OF MEDICAL TECHNOLOGISTS IN QUALITY RT-PCR TESTING FOR COVID-19 (Session 1)	OMT-2020-002-002	1000	5 hours	3	Accredited	    
WHAT'S UNDER YOUR HOOD? AN IN-DEPTH DISCUSSION ON BIOSAFETY CABINETS	OMT-2020-002-001	1000	2 hours	2	Accredited	    

VIEW DETAILS of the Program

Request for Change of Program Schedule and Venue

Attendance Encoding

Completion Report

View Feedbacks

Buttons under the LIST OF APPLIED PROGRAMS

PUBLIC SITE (Provider) – View Feedbacks from Monitor

LIST OF APPLIED PROGRAMS

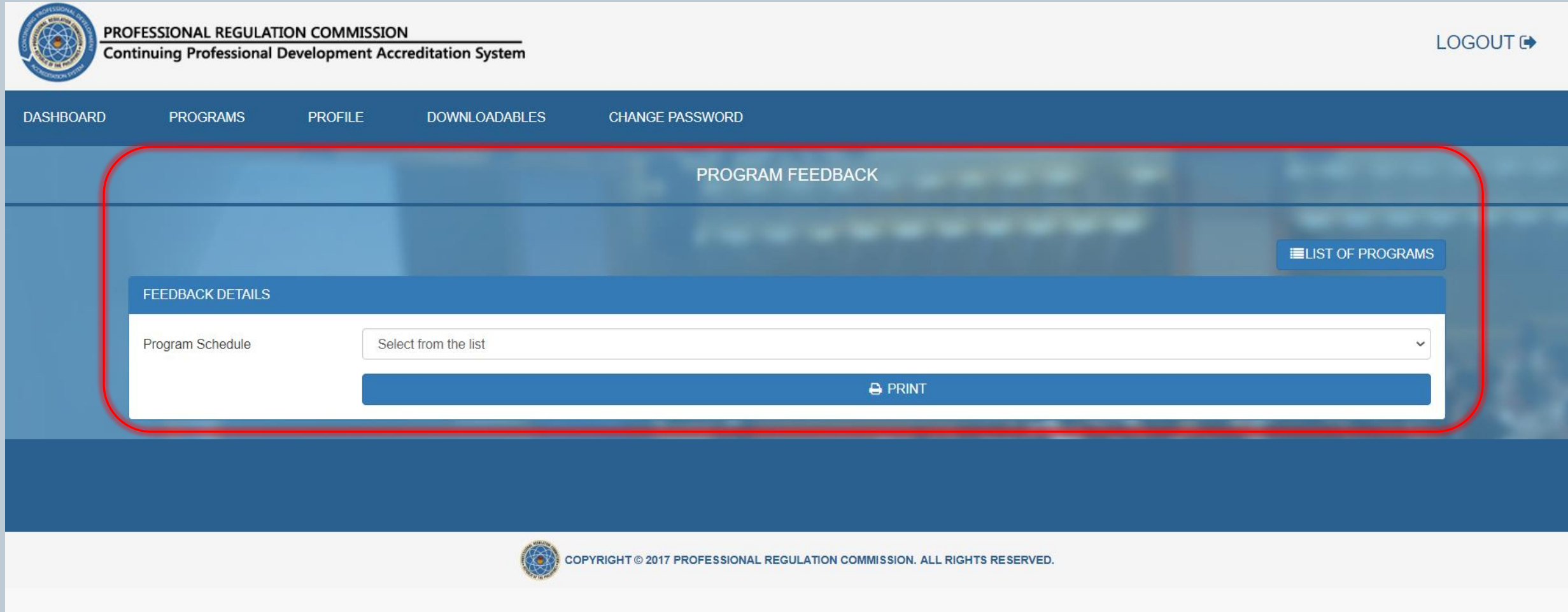
Title of Program	Accreditation No.	Target no. of Participants	Duration	Credit Units	Status	Action
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Inorganic Chemistry NCR	Pending	25	3 hours	Pending	Deferred	 

Showing 1 to 5 of 5 entries

Previous 1 Next

Assigned Monitors will encode the result of monitoring activities and the same will be reflected to the Provider's System.

PUBLIC SITE (Provider) – View Feedbacks from Monitor



PROFESSIONAL REGULATION COMMISSION
Continuing Professional Development Accreditation System

LOGOUT

DASHBOARD PROGRAMS PROFILE DOWNLOADABLES CHANGE PASSWORD

PROGRAM FEEDBACK

LIST OF PROGRAMS

FEEDBACK DETAILS

Program Schedule

PRINT

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1. Once a Monitor was assigned to monitor the Provider's Accredited Program, the result of such will be reflected here.

Special Features of the Provider Platform

PUBLIC SITE (Provider) – Dashboard Analytics



PROFESSIONAL REGULATION COMMISSION
Continuing Professional Development Accreditation System

LOGOUT

DASHBOARD

PROGRAMS

PROFILE

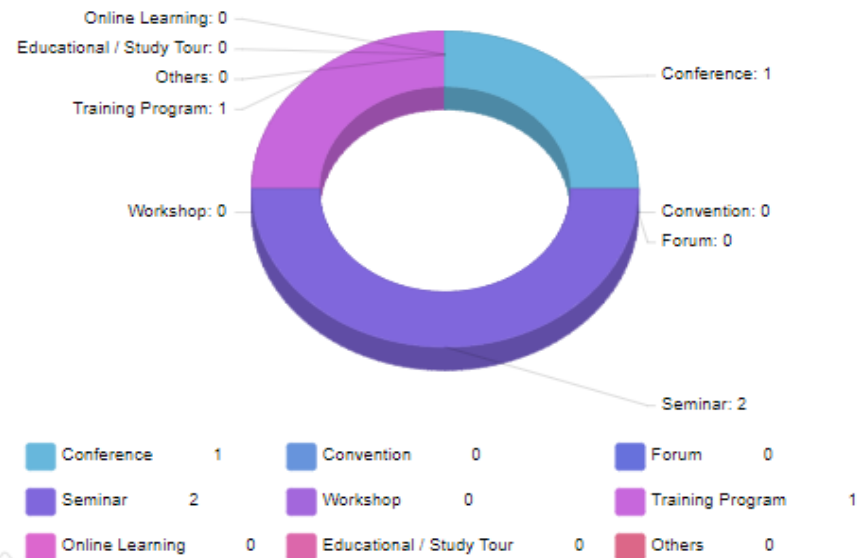
DOWNLOADABLES

CHANGE PASSWORD

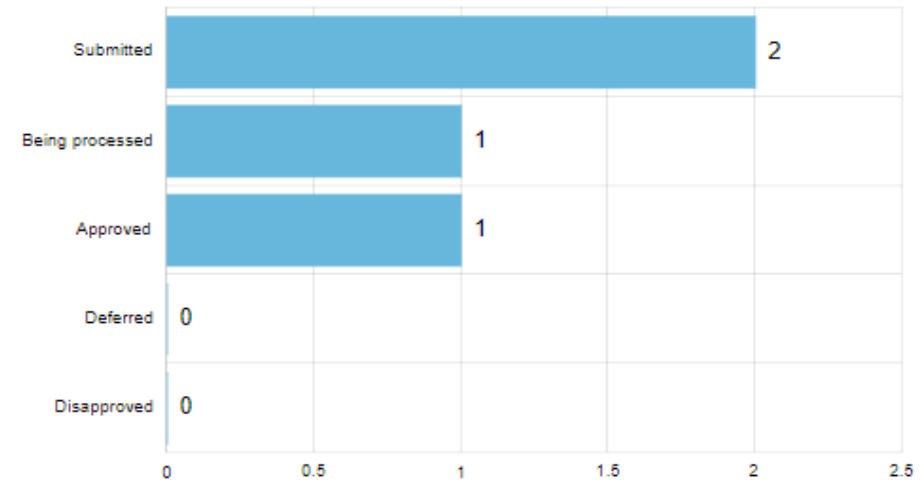
DASHBOARD

ANALYTICS

Program Type



Program Status



This summarizes the analytics of all the Programs of the Provider.

PUBLIC SITE (Provider) – Dashboard Enquiry

DASHBOARD

PROGRAMS

PROFILE

DOWNLOADABLES

CHANGE PASSWORD

Feedback

lacking documents?

what seems to be the problem in our latest application?

Reply

there is no attached breakdown of expenses. please comply ASAP

Change of Venue

Sir please assist us in the approval of our request for changing the venue

Reply

Apology but you can only request once.

SEND FEEDBACK

Subject:

Message:

State your question or comment to your
CPD secretariat.

SUBMIT



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At the lower part of the DASHBOARD, the Provider can directly send a message to the CPD Secretariat for assistance.

PUBLIC SITE (Provider) - Profile

[DASHBOARD](#) [PROGRAMS](#) [PROFILE](#) [DOWNLOADABLES](#) [CHANGE PASSWORD](#)

Ph T)

● PROVIDER ACCREDITATION

Accreditation Number:

OMT-2020-002

Profession:

Medical Technology

Classification:

Firm/Partnership/Corporation

Date Accredited:

July 20, 2020

✍ PROVIDER BASIC INFORMATION

PERSONAL INFORMATION

Address

17 City

Zip Code

000

Telephone Number

Fax Number

Email Address

[UPDATE INFORMATION](#)

This shows the relevant information of the Provider and the contact details which shall be updated at all times.

PUBLIC SITE (Provider) - Downloadable

[DASHBOARD](#)[PROGRAMS](#)[PROFILE](#)[DOWNLOADABLES](#)[CHANGE PASSWORD](#)

DOWNLOADABLES

LIST OF FILES

File Description ▲	Action ▼
Affidavit of Undertaking	
Attendance Sheet	
Certificate of Appearance	
Certificate of Monitor	
Instructional Design	
Registration Sheet	
Resume of Resource Person	

Showing 1 to 7 of 7 entries

Previous 1 Next

Essential forms related to any CPD applications of the Provider can be downloaded here.

PUBLIC SITE (Provider) – Change Password



PROFESSIONAL REGULATION COMMISSION
Continuing Professional Development Accreditation System

LOGOUT 

DASHBOARD

PROGRAMS

PROFILE

DOWNLOADABLES

CHANGE PASSWORD

CHANGE PASSWORD

CHANGE PASSWORD

Input new password

Retype new password

SUBMIT



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Provider may change the account password anytime for security purposes.



THANK YOU!