



CCFP LONG-TERM COURSE ACCREDITATION

ANNUAL REVIEW / MAINTENANCE APPLICATION

Submit your annual report to maintain accreditation. Use this form for oversight & QA and to request re-accreditation at term end.

A. Identifiers

- **Course Title:**

- **CCFP Accreditation #:** _____
- **Initial Approval Date:** // _____ **Current Review Period:** // _____ → // _____
- **Provider (Sponsor/Organizer):**

- **Primary Contact (Name/Title/Email/Phone):**

- **Delivery Sites/Modalities this period:** In-person Live virtual Hybrid
Moderated asynchronous Supervised practice Simulation

B. Delivery Summary & Participation

- **Planned Sessions/Modules this period:** _____ **Delivered:** _____
- **Scheduled Deviations (cancellations/reschedules/format changes):**

- **Total Participants Enrolled:** _____ **Completed:** _____ **Completion Rate:** _____ %
- **Audience Mix (approx. %):** FP/GP _____ % | Residents _____ % | Nurses _____ % | Allied
_____ % | Other _____ %
- **Geographic Reach (countries/regions):**

C. Outcomes & Assessment Evidence (aggregate; attach tables/figures)

- **Pre/Post Knowledge Gain (means or % change):**

- **Skills/Performance Results (OSCE/Direct Obs):**

- **Pass Rates / Remediation Numbers:**

- **Reflective/Portfolio Compliance:**

D. Programme Evaluation & Quality Improvement

- **Learner Feedback (key metrics: satisfaction, relevance, intent-to-change):**

- **KPIs Tracked (attendance, completion, assessment reliability, etc.):**

- **Quality Issues Identified & Actions Taken (QA loop):**

- **Accessibility/Equity Measures Implemented/Updated:**

E. Material Changes Since Approval (pre-notify per §13)

- **Content/Curriculum Changes:** None Yes → Describe/justify:

- **Faculty Mix/Qualifications Changes:** None Yes →

- **Delivery Modality/Tech Platform Changes:** None Yes →

- **Assessment/Evaluation Changes:** None Yes →

(Attach revised syllabus/schedule/policies where applicable.)

F. COI, Independence & Commercial Support (update)

- **New/Changed Commercial Support?** No Yes → Source/amount/nature:

- **Compliance Incidents (branding/promo breaches) & Resolutions:**

- **Updated COI Disclosures for Faculty/Planners attached?** Yes

G. Adverse Events / Complaints

- **Events/Complaints Received:** None Yes → count: ____ | brief nature & resolution: _____
- **Escalated to CCFP?** No Yes (date/outcome): _____

H. Records & Audit Readiness (per §11)

- **Attendance logs maintained?** Yes
- **Assessment results (aggregate) retained?** Yes
- **Certificates issued records retained?** Yes
- **Sample documentation available on request?** Yes

I. Credits Delivered This Period

- **Verified Contact Hours Delivered:** _____ **Credits Awarded (max claimable):** _____
- **Participant Certificates Issued (count):** _____
- **Method of Verification:** Logs Platform analytics Proctored assessment Other:

J. Plan for Next Period

- **Upcoming Schedule (headline modules/dates):**

- **Planned Improvements (curriculum/assessment/QA):**

- **Requests to CCFP:** Continue annual maintenance Re-accreditation review (attach updated dossier) Material change approval Expedited consideration (if applicable)

K. Fee Selection (per §19; USD or JMD equivalent)

- **Annual Maintenance (choose one):** Small \$300 Medium \$400 Large \$500
- **Re-Accreditation (if due this cycle):** Standard \$1,000 Discounted \$800 (continuous, no significant changes)
- **Expedited Review requested?** No Yes (surcharge per §19.4; amount to be advised)
- **Purchase Order / Reference (if any):**

L. Declarations

I/We confirm the Course has been delivered in accordance with the approved plan, free from commercial bias, and that this report is accurate. Required records will be retained for ≥ 4 years and provided upon request.

- **Authorised Signatory (Name/Title):** _____

- **Signature:** _____ **Date:** _____

M. Attachments Checklist

- Updated syllabus/curriculum map Updated session schedule
- Aggregated assessment outcomes Learner evaluation summary
- QA report/action log Revised policies (if changed)
- Faculty roster updates & COI disclosures Evidence of independence/commercial support management
- Sample certificate & attendance verification

N. Submission & Contact

Email the completed annual review and attachments to **familydoctorsregional@gmail.com**.
CCFP Secretariat, MAJ House, 19A Windsor Avenue, Kingston 5, Jamaica |
Phone/WhatsApp: 876-946-0954 / 876-517-6636 | **Website:** www.caribgp.org