



**COMPUTER PROFESSIONALS
(REGISTRATION COUNCIL OF NIGERIA) (CPN)**

(Established by Act No. 49 of 1993)

**FORM CPN E01: REGISTRATION FORM
FOR IT TRAINING INSTITUTION/DEPARTMENT**

Form No.: _____

1. Name of Institution: _____

2. Address of Institution: _____

Telephone Number: _____ Fax: _____
Email: _____
3. Date Founded: _____
4. Name and Address of VC/Rector/Proprietor(s): _____

Telephone Number/Office (if different from above) _____
Residence: _____

5. Qualification of HOD/Proprietor(s):

Institution attended	Period		Subject	Degree Awarded	Date of Award
	From	To			

6. Professional Members

Professional body	Membership Status	Membership Number

7. Recommendation(Not applicable to University or Polytechnic)

(This application is to be recommended by One Fellow of CPN and two members of Full Membership Status)

S/N	Name of Recommender	Membership Number	Membership Status
1			
2			
3			

I certify that all information given above are true and correct.

Name and Signature

Date and Stamp

FOR OFFICIAL USE ONLY

Date Received:

Received by (Name & Signature):

Receipt number and date of Application form:

List of documents submitted:

Action taken



COMPUTER PROFESSIONALS

(REGISTRATION COUNCIL OF NIGERIA) (CPN)

(Established by Act No. 49 of 1993)

FORM CPN E02: APPLICATION FORM FOR ACCREDITATION
OF IT TRAINING INSTITUTION/DEPARTMENT

Form No.: _____

SECTION A: GENERAL INFORMATION ON THE INSTITUTION

1. Name of Institution: _____

2. Address of Institution: _____

Telephone Number: _____ Fax: _____

Email Address: _____

GSM No(s) of the contact person: _____

3. Name and Address of the Chief Executive Officer: _____

Office Telephone: _____ Email: _____

Residence Telephone: _____ Email: _____

4. **Qualification of the Chief Executive Officer:**

Institution attended	Period From	To	Subject	Degree awarded	Date of Award

5. **Ownership and Control**

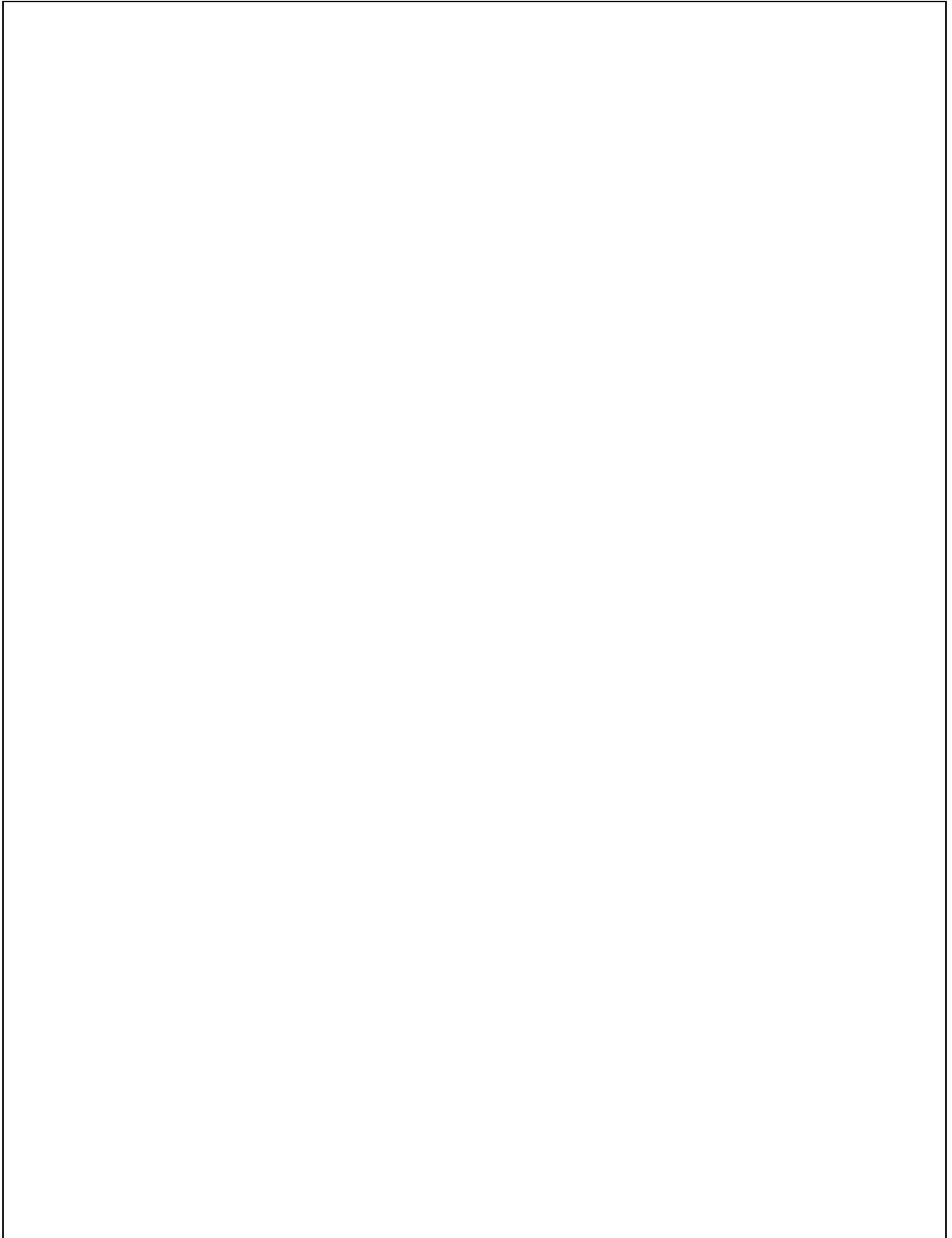
(Describe below the ownership and systems of control of the Institution)

6. **Organization and A**

(Described below the major components of the Institution; how the components are administratively linked together, attach the current organizational structure in relation to programme to the accredited; use additional sheets if necessary).

A large, empty rectangular box with a thin black border, intended for the user to draw or attach the current organizational structure of the institution. The box is currently blank.

7. Briefly state the philosophy and objectives of the Institution.

A large, empty rectangular box with a thin black border, intended for the user to write the philosophy and objectives of the institution. The box occupies most of the page below the question.

8. Utility Services

(Describe the availability of utility services such as water and power supply provided by the institution or municipal utilities).

Are municipal utility services – Water and Power supply available?

Is the institution's power supply joined to the national grid?

Or does the institute generate its own electricity?

Has the institute a standby generator?

For how long is the generator switched on daily?

Does the institute have UPS? If so, how many, and what is the capacity of each?

What is the institute's source of water supply? – Water Board? The institute's boreholes? Or through water tankers?

9. Library facilities

Usable floor area in m² _____

Student population served _____

Library opening and closing hour: _____

Lending Policy: _____

List all books, journals, periodicals, magazines and related facilities:

SECTION B: PROGRAMME/DISCIPLINE TO BE ACCREDITED

10. Title of programme to be Accredited: _____

11. Type of Accreditation required:
Initial Accreditation _____ Re-Accreditation _____
(Please tick () one)

12. Has the programme being accredited before? Yes/No

13. If the answer to question (12) is Yes, please attach to the Completed form a photocopy of main decision and recommendation of CPN.

14. (a) Date of commencement of programme: _____

(b) Duration of programme: _____

15. Name and qualification(s) of Head of Department offering the programme to be Accredited:

16. Curriculum for the programme (Attach to this form, the complete and current prospectus which should include the following):

(a) Programme title: _____

(b) Philosophy and objectives of programme: _____

(c) Admission requirements: _____

(d) Programme Structure (To include period of formal studies, Industrial Training, Project etc.): _____

(e) Course Content Specifications/Syllabus of all Courses in programme:

(f) Examination (Setting of Questions, Conduct of Examination, Evaluation of Scripts, Moderation Schemes): _____

17. Staffing

Names of Staff	Rank/Designation salary scale, Date of first appointment	Qualification membership of professional body and number of publication	Post qualification Work/Teaching Experience and date, post hold and organization	Duties Performed/course taught	Work/Teaching Load/Lecture hours/week	CPN Accreditation Number	Other responsibility interest in extra curricular activities
1							
2							
3							
4							
5							

Use Extra Sheets if Necessary. (N.B Enclose CV'S of Staff Listed above)

18. **Physical facilities**

Types of Facility A	No. Available B	Average area of room C
1. Lecture Room 2. Lecture Theatre 3. Examination Hall Administrative 4. Staff Room 5. Academic Staff Room 6. Computing Equipment/Hardware Laboratory 7. Others (Please specify)		

19. **Furniture**

(List all furniture available in the institution, giving description of each and the number available)

20. **Computer Hardware**

Type (e.g. computer, Printer, Digital Oscilloscope etc)	Specification/Description	No. Available	State of equipment (functioning, under repairs, not functioning)

21. Other physical facilities
(List audio visual also and other physical facilities not included in 18 – 20)

22. **Computer Software**
(List all available software available on the computers stating their Version, the no. of computers on which they are installed, and whether or not they have diskette/CD copies with documentation)

Use Extra Sheets if Necessary.

I certify that all information given above are true and correct.

Name and Signature

Date and Stamp

FOR OFFICIAL USE ONLY

Date Received:
Received by (Name & Signature)
Receipt number & date on Application form
List of documents submitted
Action taken
.....
.....
.....