



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
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**FORM CPN E04: ACCREDITATION PANEL
REPORT FORM**

Form No.: _____

(To be completed by the Accreditation Panel members after the end of the visit)

1. Name of Institution: _____

2. Programme seeking Accreditation: _____

3. Date of Accreditation visit: _____
To _____
4. Summary of Panel's Findings (Comment on each of the points in 4(a) to 4(h) as follows :
 - (a) Philosophy and objectives of programme: _____

 - (b) Curriculum: _____

 - (c) Admission Requirements: _____

 - (d) Examination (setting, conduct, evaluation, moderation): _____

 - (e) Staffing (Teaching, Non-Teaching, Head of Department): _____

(f) Physical facilities (Laboratories, Classrooms, Office Accommodation):

(g) Computing facilities (Computer Systems, Software, Peripheral devices, other accessories.)

(h) Library (**Broke**, Journals, Periodicals, Magazines):

5. Recommendation of Panel on the Accreditation status to be accorded programme
(Please tick () only one):

(a) Full Accreditation: _____
(Total Score required for this status is 70 and above)

(b) Interim Accreditation (Score required for this is 60 to 69; Panel is also expected to highlight minor deficiencies to be rectified):

(c) Denied Accreditation's (Score required for this is 59 and below; Panel is also expected to highlight major deficiencies identified):

6. Panel Members Names, Signature and Date:

Name of Panel Members

Signature and Date

- | | |
|-----|-------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |



FORM CPN E05: ACCREDITATION RE-VISITATION FORM

(To be completed in respect of Programmes granted Interim Accreditation Status)

1. Name of Institution: _____

2. Programme: _____

3.

Programme deficiencies as identified by initial Accreditation Panel	State clearly each deficiency. Remedial action already taken. (use additional sheets if necessary)	Re-visitation panel's Observation and recommendation

4. Summary of Report and final Recommendation by Re-visitation panel Members:

(a) Summary

(b) Comments



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FORM CPN E03: SUMMARY OF SCORE FORM FOR ACCREDITATION VISIT

Form No.: _____

1.0	ACADEMIC CONTENT	MAXIMUM	ACTUAL	MINIMUM
1.1	Philosophy and Objectives	2		1
1.2	Curriculum	5		4
1.3	Admission	3		2
1.4	Examination	5		4
		15		11
2.0	STAFFING			
2.1	Teaching staff	15		10
2.2	Admission of the programme	5		4
2.3	Non-Teaching staff	5		4
		25		18
3.0	PHYSICAL FACILITIES			
3.1	Laboratories etc.	10		7
3.2	Classroom	10		7
3.3	Office Accommodation	5		4
		25		18
4.0	COMPUTING FACILITIES			
4.1	Hardware	13		9
4.2	Software	13		9
4.3	Ancillary facilities	4		3
5.0	LIBRARY	5		2
	TOTAL SCORE	100		70