



# THE BRITISH SCHOOL OF OSTEOPATHY

## Accreditation of Prior Certificated Learning

### Outline for APCL Claim

|                     |           |
|---------------------|-----------|
| Name                |           |
| Home Address        |           |
|                     |           |
|                     | Postcode: |
| Telephone No(s)     |           |
| Home                |           |
| Mobile              |           |
| Email Address       |           |
| Previous Degree     |           |
| Awarding University |           |
| Year of Award       |           |

| List all programmes of study/courses and modules you have undertaken with your qualification | Date | Level | Credits Awarded |
|--|------|-------|-----------------|
|  |      |       |                 |
|  |      |       |                 |
|  |      |       |                 |
|  |      |       |                 |

Please select only one of the below:

**Units to be applied for APCL (Science Degree)**

*Please tick appropriate box(s)*

| CAE1 | CAE2 | FD1 | FD2 | SF1 |
|------|------|-----|-----|-----|
|      |      |     |     |     |

**Units to be applied for APCL (Osteopathic Education Institutions & Healthcare Practitioners)**

*Please tick appropriate box(s)*

| CAE1 | CAE2 | DOT1 | DOT2 | FD1 |
|------|------|------|------|-----|
|      |      |      |      |     |
| FD2  | OP1  | POS1 | SF1  | SF2 |
|      |      |      |      |     |

*Office Use only*

|               |  |           |  |
|---------------|--|-----------|--|
| Date Received |  | Outcome:  |  |
| Date Reviewed |  | Comments: |  |
| UAG Chair     |  |           |  |