

HONG KONG COLLEGE OF PAEDIATRICIANS

Application for Accreditation of CME/CPD Activity

<p>1. Please read the Notes carefully before completing this form.</p> <p>2. No applications would be processed <u>within 14 days of any events</u>.</p> <p>3. Please fax or email the completed form together with the supporting programme/documents to Hong Kong College of Paediatricians, Room 801, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Hong Kong. (Fax: 27851850; Email: enquiry@paediatrician.org.hk) for CME accreditation.</p>	For Office Use Only Received Date: Replied Date:
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A. Information of Activity

Programme/Topic			
Date (dd/mm/yy)			
Time & Duration <small>(only hours with CME/CPD value should be counted; see note 2)</small>	Date	Time	CME/CPD Hours
	Day 1	to	
	Day 2	to	
	Day 3	to	
Speaker	Full Name		Qualification/Practice & Hospital/Institute
Target Audience <small>(please "✓" as appropriate)</small>	Activity open to ALL College Fellows including private Yes <input type="checkbox"/> No <input type="checkbox"/>		
	<input type="checkbox"/> General Practitioners <input type="checkbox"/> Specialists <input type="checkbox"/> Others (please specify: _____)		
Venue		Max. Capacity	
Website for Activity		Registration Fee	
Registration Contact	Name:		
	Tel:		Fax:
	Email:		

B. Information of Organiser

Name of Organisation(s)			
Sponsor (if any)			
Contact Person for this application	Prof. / Dr. / Mr. / Mrs / Ms.		
	Tel:		Fax:
	Email:		

Notes:

1. Please attach a copy of the activity programme with details of session contents, an abstract of presentation should be submitted if available.
2. Please provide details on the time and CME/CPD hours for each day of the activity programme. If it is a 1-day programme, fill in details for "Day 1" only. Only presentation/discussion time should be counted for CME/CPD purpose; time for other activities, such as lunch, coffee breaks, prize presentation, etc., which are of no educational value, should be excluded.
3. Information of accredited activities will be published at the HKCPaed website.

For Office Use Only (Accreditation Results for Fellows)

	CME/CPD Points	Category
Per Day/Event		
Per Day/Event		
Max. for whole function (if any)		
Remarks:		

Accredited by: _____

Application Form for Accreditation (for Organizations)**The detailed programmes are attached.**

We confirm that the meetings are open to ALL Fellows of the Hong Kong College of Paediatricians. We shall make announcements by reasonable means to reach the Fellows of HK College of Paediatricians.	Initial here -----
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We confirm that the following information can be displayed in the homepage of HK College of Paediatricians:

Topic:	
Organizer:	
Venue:	
Date:	
Time:	
Speakers:	
Coordinator:	
Registration Contact (Tel No.):	

(use additional sheets if necessary)

We confirm that we shall
(please tick appropriate box)

- Display the College Attendance Sheets each day for the Fellows of Hong Kong College of Paediatricians to sign, and send the Attendance Sheets to the College Secretariat within 7 working days after the meeting; or
- Issue Certificates of attendance (include number of daily attendance) to all participants.

Signed: _____

Organising Body: _____

Date: _____