

Hong Kong College of Community Medicine

for outside organisation's use

Application for CME Accreditation

Date			
Topic/Programme			
Speaker(s)			
Venue			
Registration Contact			
Time & CME Hours <i>(see note 2)</i>	Day	Time	No. of CME Hours
	Day 1	To	
	Day 2	To	
	Day 3	To	
	Day 4	To	
	Day 5	To	

Information of Applicant

Name of Organization			
Contact Person			
Contact Tel No.	Contact Fax No.	Contact Email	

Signature of Applicant: _____ Date: _____

For Office Use

(Please tick as appropriate)

Our College would award CME Points for the above activity as below:

	CME Points Awarded
Per Whole Function	
Per Day	
Per Half-Day	

Our College would not accredit CME Point for the above activity.

Signature: _____ Date: _____

Chairman, CME Subcommittee

Notes:

1. *Please attached programme with details of sessions contents to this application*
2. *Please provide details on time and CME / Training hours for each day of the programme. If it is a 1-day programme, just fill in details for “Day 1” only. **For CME hours counts, only presentation/discussion time should be counted; time for lunch and coffee breaks etc (which are of no educational value) should be excluded.***
3. *Please submit your application by post or by fax to*

*Chairman of CME Subcommittee
Address : Room 908, 9/F, HKAMJC Building, 99 Wong Chuk Hang Road, Aberdeen, HK
Fax: 25807071*