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| 1. Please read all notes carefully before completing this form.
2. The completed form and supporting documents should be received by the college at **no later than 1 month** before the event. Late applications may not be entertained.
3. The completed form and supporting documents must be submitted to HKCP Secretariat, either by e-mail (enquiry@hkcp.org) or fax (852) 25569047. Enquiries can be directed to the HKCP Secretariat at (852) 2871 8766 or via email enquiry@hkcp.org
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| **Name of Activity / Topic /** **Title(s) of Lecture(s)** |  |
| **Name of Organizer(s)** |  |
| **Co-organizer** **(if any)** |  |
| **Sponsor(s) (if any)** |  |
| **\*Date(s) and Time** | **Date** | **Time** | **Total CME/CPD Hours** |
| Day 1:  |  | to |  |  |
| Day 2:  |  | to |  |  |
| Day 3:  |  | to |  |  |
| **Venue** |  |
| **Mode of CME delivery** | □ Online □ Face-to-Face □ Hybrid |
| **\*Speaker(s)** | **Full Name** | **Qualifications & Current Practice/Affiliation** |
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| **Learning Objective(s)** | Upon completion of the activity, participants will be able to: |
| **Contact Person for this application** | □ Prof. □ Dr. □ Mr. □ Mrs □ Ms.  |
| Tel:  | Fax:  | Email:  |

**Notes:**

1. Please provide the poster/leaflet with programme details / programme rundown if the activity lasts a half day or more.
2. If the title(s) of the lecture(s) bears no information on the contents of the educational event, provision of abstracts and presentation will be necessary.
3. \*Additional information can be provided either as additional rows in this word file or as supplementary sheets/file if the above table format does not allow adequate space for entering all the information required.
4. When considering accreditation of CME activities, the component of potential / actual commercial influence and bias, if any, should be taken into account. As a general principle, all scientific contents of a CME activity should not be influenced by any commercial considerations. In this connection, CME organizers are required to declare that consideration has been given to the possible commercial influence, if any, with the below principles observed. Our College will have the discretion to invalidate the CME accreditation granted to an activity if it is subsequently found with deviation or in violation of the principles.

**Declarations** (please tick)

Please confirm that the following principles have been observed when considering the contents of the CME activity:

* The educational contents provided are expected to be free of any commercial influence or bias or any form of advertising;
* Educational sponsorship is expected to be provided through an unrestricted educational sponsorship;
* Educational materials provided entirely by a pharmaceutical or medical equipment industry will not be considered for accreditation unless they are presented by specialists or experts related to the field.

Supplementary information where applicable (if any of the above principles cannot be fulfilled):

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* I have already read the CME/CPD operational guidelines of Hong Kong College of Physicians on <https://www.hkcp.org/hkcp/fellows/cme.html>

Checklist for Applicant

The followings are attached to this application*.*

* Activity programme details / rundown / agenda / poster
* Abstracts / Summaries of presentations
* Others (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application submitted by:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_