HONG KONG COLLEGE OF RADIOLOGISTS

|  |
| --- |
| APPLICATION FOR CME/CPD CREDIT***(For Non-HKAM Organisations)*** |

|  |  |  |
| --- | --- | --- |
| ***FOR OFFICIAL USE***  |  *Ref. No.:* | *Signature:* |
| *Date Received:* | *CME/CPD Points Awarded* | *Category* |
| Chairman of CME/CPD Subcommittee |

**Notes:**

1. CME/CPD application should be submitted to Hong Kong College of Radiologists for processing **at least TWO WEEKS** prior to the activity by the following:
2. Email: cmecpd@hkcr.org *or*
3. Fax: (852) 2554 0739 *or*
4. Mail: Room 909, 9/F, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong SAR

**Late application will not be considered**.

For enquiries, please contact our College Secretariat at (852) 2871 8788.

1. **Please attach programme with details of session contents** to this application.
2. **Please provide details on time and CME/CPD hours for each day of the programme.** If it is a 1-day programme, just fill in details for “Day 1” only. **For CME/CPD 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. **Category A** CME/CPD point is accrued by audience participation, lectures and presentations in Formal College Approved Activities (FCAA) as well as research protocol, publications, postgraduate qualification, journal clubs, clinical-radiological and clinical conferences, quality assurance and audit activities, and self-study relating to Radiology, Clinical Oncology or Nuclear Medicine. **Category B** CME/CPD point is accrued by attending CME/CPD activities not considered by the CME/CPD Subcommittee to be directly related to Radiology, Clinical Oncology or Nuclear Medicine but which would be valued in updating and broadening Fellows’ medical knowledge.

**Guidelines on Handling Commercial Influence in CME/CPD Accreditation**

When considering accreditation of CME/CPD 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/CPD activity should not be influenced by any commercial considerations. In this connection, CME/CPD organisers are required to declare that consideration has been given to the possible commercial influence, if any, with the below principles observed. Hong Kong College of Radiologists has the discretion to invalidate the CME/CPD accreditation granted to an activity if it is subsequently found with deviation or in violation of the principles.

**Declaration** *(Please tick the boxes where appropriate)*

Please be confirmed that the following principles have been observed when considering the contents of the CME/CPD 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. |
|  |
| If any of the above principles cannot be fulfilled, please provide supplementary information:Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Date of Activity** |  |
| **Name of Activity** | **⯎ Cat. A / Cat. B (See Note 4)**⯎ Delete whenever is inappropriate |
| **Speaker(s)** |  |
| **Chairperson(s)** |  |
| **Sponsor(s)** |  |
| **Format** | [ ]  Face-to-face | Venue: Click or tap here to enter text. |
| [ ]  Hybrid | There will be proper means to ensure attendance and participation:

|  |  |
| --- | --- |
| [ ]  | Record of attendance for active/passive participation electronically as proof *(sign in/out time of every participant doctor with identification information, e.g. MCHK reg. no, will be recorded)* |
| [ ]  | A quiz / MCQ questions with >50% correct answer |
| [ ]  | Completed an Evaluation Form / Survey |

Venue: Click or tap here to enter text.  |
| [ ]  Online |
| [ ]  Self-Study(Recorded lecture) | There will be proper means to ensure attendance and participation:

|  |  |
| --- | --- |
| [ ]  | A quiz / MCQ questions with >50% correct answer |

 |
| *Please tick the box(es) where appropriate* |
| **Registration Contact** **(Name, Tel, Email)** |  |
| **Website for Activity** |  |
| **Target Audience** |  |
| **Registration Fee** |  |
| **Time & CME/CPD Hours\******\*Only hours with CME/CPD value should be counted (see Note 3)*** | **Day** | **Time** | **No. of CME/CPD Hours\*** |
| Day 1 | To  |  |
| Day 2 | To |  |
| Day 3 | To |  |
| Day 4 | To |  |
| Day 5 | To |  |

# Information of Applicant

|  |  |
| --- | --- |
| Name of Organiser(s)  |  |
| **Name of Contact Person** |  |
| **Contact Tel No.** |  |
| **Contact Address** |  |
| **Contact Email** |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Applicant  |  | Date |
| (Name: Click or tap here to enter text. ) |  |  |