HONG KONG COLLEGE OF RADIOLOGISTS

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| APPLICATION FOR CME/CPD CREDIT**Local/Overseas Educational Activities** |

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| ***FOR OFFICIAL USE***  |  *Ref. No.:* | *Signature:* |
| *Date Received:* | *CME/CPD Points Awarded* | *Category**(Active)* |  |
|  | *(Passive)* |
| Chairman of CME/CPD Sub-Committee |

***Notes*** :-

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| (a) | This form is applicable to the following activities: overseas Radiology / Clinical Oncology / Nuclear Medicine meeting which is NOT on the Pre-approved Conference List of International Academic Bodies published by HKCR; local and overseas educational activities with NO pre-approved CME/CPD points accredited by HKCR |
| (b) | The term “Lectures” also includes Scientific Meeting, Conference, Workshop, clinico-radiological conferences, Case Management Meetings, Grand Rounds or other educational activities. |
| (c) | Please use ***BLOCK LETTERS*** and ***TICK*** where appropriate. Please complete **Section A** for applying the **Passive** CME/CPD point(s) **for Audience Participation** while **Section B** for **Active** CME/CPD point(s) for **Presentation/Lecture/Chairperson at activities**. |
| (d) | ***TWO WEEKS PRIOR*** application for approval is required. Application will be proceeded upon completed application form and sufficient documentation have been submitted to the College by email at cmecpd@hkcr.org or by fax at (852) 2554 0739 or by mail. Processing this application may take at least 1 month, please apply early. |

#  Part I) Information of Applicant

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Applicant: |  | Contact Tel No.: |  |
| Name of Department & Hospital / Institution: |  | Contact Fax No.: |  |
| Contact Address: |  | Contact Email: |  |

## Part II) Details of Activity

|  |  |  |
| --- | --- | --- |
|  | Title of Activity: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Date(s): |  | Venue: |  |

|  |  |  |
| --- | --- | --- |
|  | Organiser(s): |  |

|  |  |
| --- | --- |
|  | Scientific programme provided: |
|  | Yes |  |  | To be submitted to HKCR in due course |  |

**Section A: Passive** CME/CPD point(s) applied for **Audience Participation:**

|  |  |  |  |
| --- | --- | --- | --- |
| (1) | Total no. of Passive CME/CPD point(s) to be applied:  |  | (Cat. A) |
|  | *(Refer to CME/CPD Guidelines Section 4.5.3 & 4.5.4 for details.)* |  | (Cat. B) |

|  |  |  |  |  |  |
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| (2) | Any CME/CPD point(s) awarded by local professional bodies? | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | If yes, |  | point(s), awarded by  |  |

|  |  |
| --- | --- |
| (3) | Certificate of attendance provided: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes |  |  | To be submitted to HKCR in due course |  |

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**Section B: Active** CME/CPD point(s) applied for \***Presentation/Lecture/Chairperson**

 **at conference/meeting/course:**

\*Please tick/circle where appropriate

|  |  |
| --- | --- |
| (1) | \*Status of applicant: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| (a) Invited Speaker | (b) Lecturer | (c) Tutor | (d) Chairperson | (e) Proffered Paper Presenter |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| If yes, | \*Lecture / Chaired Session / Proffered Paper Title(s): |  |
|  | \*Lecture / Chaired Session / Presentation Duration (hours): | B |

|  |  |  |  |
| --- | --- | --- | --- |
| (2) | Total no. of Active CME/CPD point(s) to be applied: *(Refer to CME/CPD Guidelines Section 4.5.6 and 4.5.7 for details)* |  | \*(Cat. A / Cat. B) |

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|  | Letter of invitation or acceptance provided: |
|  |  |
|  | Yes |  |  | To be submitted to HKCR in due course |  |

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| **Total no. of CME/CPD point(s) to be applied:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Section A: Audience Participation |  | Cat. A  |  | Cat. B |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Section B: \*Presentation / Chairperson / Lecture |  | Cat. A  |  | Cat. B |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Total:**  |  **(Active)** | **Cat. A**  |  **(Active)** | **Cat. B** |
|  |  **(Passive)** | **Cat. A**  |  **(Passive)** | **Cat. B** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Applicant |  | Date |