HONG KONG COLLEGE OF RADIOLOGISTS

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| APPLICATION FOR CME/CPD CREDIT  **Publications, Self Study & Editing/Refereeing Publications** |

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

***Notes***: -

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| (a) | This form is applicable to the following activities: publications other than original paper in Index Medicus listed journals, papers in the official journals of HKAM and HKCR, Case of the Month in the Academy/College website, CME/CPD Questions setting for Academy/College/Index Medicus listed Journal; self study relating to Radiology, Clinical Oncology and Nuclear Medicine, viz. articles in non-Index Medicus listed journals, videotapes/multimedia teaching material, a monograph or chapter of a book, web based CME/CPD programmes which are NOT on the pre-approved list of recognised activities; editing / refereeing publications other than edited/refereed papers in Index Medicus listed journals and the journals published by HKCR. |
| (b) | Application of **Publications** & **Editing/Refereeing Publications** should be submitted not later than one month after the end of cycle year. |
| (c) | For **Self Study**, prior application for approval has to be obtained from HKCR at least two months before the start of the self study. |
| (d) | An assessment fee per published / self study material / edited or refereed paper may be charged. Cheque in Hong Kong Dollars (HKD) made payable to “HONG KONG COLLEGE OF RADIOLOGISTS” should be enclosed with application form. The fee may be waived subject to the decision of CME/CPD Subcommittee. |
| (e) | Please use ***BLOCK LETTERS*** and ***TICK*** where appropriate. Please complete **Section A** for applying the Active CME/CPD point(s) for **Publications, Section B** for **Self Study** or **Section C** for **Editing/Refereeing Publications**. |
| (f) | Application will be proceeded upon completed application form and sufficient documentation have been submitted to the College by email at [cmecpd@hkcr.org](mailto: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 Application

**Section A: Active** CME/CPD point(s) applied for **Publications**:

|  |  |  |
| --- | --- | --- |
| (1) | Title of Publication: |  |

|  |  |  |
| --- | --- | --- |
| (2) | Name of Journal:  (Volume & Issue No.) |  |

|  |  |  |
| --- | --- | --- |
| (3) | Published Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| (4) | Copy of the publication provided: | Yes |  |

|  |  |
| --- | --- |
| (5) | Cheque in Hong Kong Dollars (HKD) provided: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes |  |  | Bank Name & Cheque no.: |  |

|  |  |  |
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| **Total no. of Active CME/CPD point(s) to be applied:**  *(Refer to CME/CPD Guidelines Section 4.5.7.1 & 4.5.7.3 for details.)* |  | (Cat. A) |

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**Section B: Active** CME/CPD point(s) applied for **Self Study:**

|  |  |  |
| --- | --- | --- |
| (1) | Title of self study material: |  |

|  |  |  |
| --- | --- | --- |
| (2) | Commencement Date of Self Study: |  |

|  |  |
| --- | --- |
| (3) | Type of self study: |

|  |  |  |
| --- | --- | --- |
|  |  | Articles of journals |

|  |  |  |
| --- | --- | --- |
|  |  | Videotapes / Multimedia teaching material |

|  |  |  |
| --- | --- | --- |
|  |  | A Monograph or chapter of a book |

|  |  |  |
| --- | --- | --- |
|  |  | Web based CME/CPD programmes |

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| --- | --- |
| (4) | Submission of : |

|  |  |
| --- | --- |
| a. | An original summary of no less than 100 words:  *(The original summary should contain the applicant's own interpretation of the article/video and its relevance to one's clinical practice. A duplicate or extract from part of the article/video or its abstract is not considered an original summary for this purpose.)* |

|  |  |  |
| --- | --- | --- |
|  | Yes |  |

|  |  |
| --- | --- |
| b. | Reply to Multiple Choice Questions (MCQ) related to the contents of the article:  *(i.e. Completion of MCQ with > 50% of the questions being correct or other assessment programme from printed journals or electronic sources.)* |

|  |  |  |
| --- | --- | --- |
|  | Yes |  |

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| c. | Copy of the original self study material: |

|  |  |  |
| --- | --- | --- |
|  | Yes |  |

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| --- | --- |
| (5) | Cheque in Hong Kong Dollars (HKD) provided: |

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| --- | --- | --- | --- | --- | --- |
|  | Yes |  |  | Bank Name & Cheque no.: |  |

|  |  |  |
| --- | --- | --- |
| **Total no. of Active CME/CPD point(s) to be applied:**  *(Refer to CME/CPD Guidelines Section 4.5.10 for details.)* |  | (Cat. A / Cat. B) |

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**Section C: Active** CME/CPD point(s) applied for **Editing / Refereeing** **Publications**:

|  |  |  |
| --- | --- | --- |
| (1) | Title of Edited / Refereed Paper: |  |

|  |  |  |
| --- | --- | --- |
| (2) | Name of Publication:  (Volume & Issue No.) |  |

|  |  |  |
| --- | --- | --- |
| (3) | Edited / Refereed Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| (4) | Copy of the invitation letter provided: | Yes |  |

|  |  |  |  |
| --- | --- | --- | --- |
| (5) | Copy of front page of the paper bearing the title of the article provided: | Yes |  |

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| (6) | Cheque in Hong Kong Dollars (HKD) provided: |

|  |  |  |  |  |  |
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|  | Yes |  |  | Bank Name & Cheque no.: |  |

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| **Total no. of Active CME/CPD point(s) to be applied:**  *(Refer to CME/CPD Guidelines Section 4.5.11 for details.)* |  | (Cat. A) |

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

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| Section A: Publications |  | Cat. A |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Section B: Self Study |  | Cat. A |  | Cat. B |

|  |  |  |
| --- | --- | --- |
| Section C: Editing / Refereeing Publications |  | Cat. A |

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| **Total:** |  | **Cat. A** |  | **Cat. B** |

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