The Hong Kong College of Orthopaedic Surgeons Application for Non-FCAA CME/CPD Accreditation (for HKCOS Fellows ONLY)

PART A – Information of	of Acada	mic/Professional Activ	Ref. No	. CA			(for College use	e Only)	
Name of Activity	Acade	illicit tolessional Acti	vity						
Name of Organization(s)									
Organizing Committee Chairman/Secretary									
Date(s) of Activity	Day 1:		Time:		to				
	Day 2:		Time:		to				
	Day 3:		Time:		to				
Venue									
Nature of Audience	☐ Ortho ☐ Other ☐ Layma	S (please specific:	ows of HKCOS))	
PART B – Information of	of Applic	ant							
Name									
Contact No.	Tel: Fax:			E	mail:				
	Passive	☐ Audience ☐ Observer							
Type of Participation	☐ Chairperson* (hour(s) Active ☐ Workshop Demonstrator*/ Moderator* (hour(s)					(hour(s): (hour(s): (hour(s): (hour(s):	Mins: Mins: Mins: Mins: of data)))	
	☐ Others	S (please specific:	T-4-1 I	1(-)	دا)	
Participation in (pls circle appropriate)	Full Prog	ram / Selected Program		Hour(s) o on* (see Note 3	Hour(c)	M	ins:		
educational value, shoul 4. Please send the con Orthopaedic Surgeon	will not be submitted in submit	entertained. 1 2 months before or with rticipation for the activity. Fac; time for other activities ded.	in 1 month a Please note the such as lure cuments to I Jockey Cla	fter the event. nat only presen nch, coffee bre CME/CPD Co ub Building,	tation/discu eaks or priz ommittee,	ession/demons e presentation the Hong F	stration time sh n, which are o	nould of no	
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To: Applicant									
CME/CP	D A	ccredited	l for t	the A	pplie	ed Ac	tivity	,	
☐ Your application is su				-			point(s		
			<u>Active</u>		Ca	t	point(s	3)	
☐ Your application is UN	NSUCCE	SSFUL.							
For CME/CPD Committee, HKCOS					Date				