**The Hong Kong College of Orthopaedic Surgeons**

**CME/CPD Annual Return Form (2020-2022)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Fellow | : |  | | | |
|  |  |  | | | |
| Period of CME/CPD Annual Return | : | From 1 January |  | to 31 December |  |

*Notes:*

|  |  |
| --- | --- |
| *1.* | *Fellows should read the CME/CPD Fellow’s Guides (2020-2022) carefully (please browse http://www.hkcos.org.hk/CME-handbook2022.asp). Fellows are also requested to record and report the CME/CPD points precisely by returning this annual return form to HKCOS* ***NO LATER THAN 15 JANUARY*** *annually.* |
| *2.* | *Administrative fee may be required for late submission and amendment requests after submission. Other formats of return apart from this standard form will* ***NOT*** *be accepted.* |
| *3.* | *The minimum CME/CPD requirement is 90 points in a 3-year cycle in which no more than 75 points can be awarded for passive participation.* ***NIL return is also required*** *but Fellows are recommended to earn a minimum of 10 points over each year.* |
| *4.* | *Orthopaedic Specialists (those registered with MCHK) are required to obtain min 60 points from Cat A per cycle;*  *Rehabilitation Specialists (those registered with MCHK) are required to have min 15 Cat R points per year contributing to min 45 Cat R per cycle.* |
| *5.* | *Additional 10 points (no category requirement) per year are required for Orthopaedic Trainers.* |
| *6.* | *Additional 10 Cat R points per year are required for Rehabilitation Trainers/Rehabilitation Subspecialty Board Members.* |

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| **Summary of Credit Points Claims** | | | | | |
| **Categories** | **Passive** | | **Active** *(min 15 per 3-year cycle)* | | |
| Cat A |  | Point(s) |  | | Point(s) |
| Cat B |  | Point(s) | *(NO Active CME/CPD for Cat B, C & R activities)* | | |
| Cat C |  | Point(s) |
| Cat Rehab |  | Point(s) |
| **Sub-Total** |  | **Point(s)** |  | **Point(s)** | |
| **TOTAL** | **Point(s)** | | | | |

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| --- | --- | --- |
| Signature of Fellow | : |  |
|  |  |  |
| Date | : |  |

Please return this form to:-

The Secretariat

The Hong Kong College of Orthopaedic Surgeons

Room 905, HKAM Jockey Club Building

99 Wong Chuk Hang Road

Aberdeen, HK

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Accredited CME/CPD Activities** | **PASSIVE pt(s) claimed** | | | | **ACTIVE pt(s) claimed** | **Copy of Attendance Certificate (Y/N)** |
| **Cat A** | **Cat B** | **Cat C** | **Cat R** | **Cat A** |
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|  | **Sub-Total:** |  |  |  |  |  |  |