

# The Hong Kong College of Orthopaedic Surgeons Application for Training Points Accreditation

|                |                        |
|----------------|------------------------|
| Ref. No.    TP | (for College use Only) |
|----------------|------------------------|

## PART A – Information of Academic/Professional Activity

|  |   |                               |   |
|--|---|-------------------------------|---|
| Name of Activity   |   |                               |   |
| Name of Organization(s)  |   |                               |   |
| Date(s)/Time of Activity *<br><small>(Only hours with CME value should be counted, see Note 3)</small> | Day 1:  | Time:                      to | (no. of CME Hours:                      ) |
|  | Day 2:  | Time:                      to | (no. of CME Hours:                      ) |
|  | Day 3:  | Time:                      to | (no. of CME Hours:                      ) |
| Venue  |   |                               |   |
| Target Participant   | <input type="checkbox"/> All Doctors (i.e. not confined to orthopaedic specialists)<br><input type="checkbox"/> Orthopaedic Specialists (i.e. Fellows of HKCOS)<br><input type="checkbox"/> Orthopaedic Trainees (i.e. BSTs/HOTs)<br><input type="checkbox"/> Other Specialists (please specific: _____)<br><input type="checkbox"/> Layman<br><input type="checkbox"/> Others (please specific: _____) |                               |   |
| Registration Contact   |   |                               |   |
| Website for Activity   |   |                               |   |

## PART B – Information of Applicant

|                      |  |  |  |
|----------------------|--|--|--|
| Name of Organization |  |  |  |
| Name of Applicant    |  |  |  |
| Contact No.          | Tel:                                      Fax:                                      Email: |  |  |

Notes:

1. Applications must be submitted at least **ONE MONTH** before the activity. Late application will not be entertained.
2. Please enclose a copy of the activity programme with this application.
3. Please provide details on the date(s)/time of activity and training hours for each day of the activity programme. Please note that time for other activities, such as lunch, coffee breaks or prize presentation, which are of no educational value, should be excluded.
4. Please send the completed form and supporting documents to the **Hong Kong College of Orthopaedic Surgeons [By mail to Room 905, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong or By fax: (852) 2873 4077 or By e-mail to [hkcoss@hkcoss.org.hk](mailto:hkcoss@hkcoss.org.hk)].**



To: Applicant

## Training Points Accredited for the Applied Activity

The above activity would be accredited credit points as below:

|                    | Training Points Awarded    |
|--------------------|----------------------------|
| Per Whole Function |                            |
| Per Day            | Day 1:<br>Day 2:<br>Day 3: |
| Remarks            |                            |

Please download an updated Training Points Attendance Record Sheet from the College website <http://www.hkcoss.org.hk/Forms.asp> and return the original copy by mail to the College Secretariat within 2 weeks after the meeting.

No credit point would be awarded for the above activity.

\_\_\_\_\_  
For Education Committee, HKCOS

\_\_\_\_\_  
Date