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

Ref. No. CA	(for College use Only)

PART A – Information of Academic/Professional Activity

Name of Activity			
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	☐ All Doctors *(i.e. not confined to orthopaedic specialists)* ☐ Orthopaedic Specialists *(i.e. Fellows of HKCOS)* ☐ Other Specialists *(please specific:_____)* ☐ Layman ☐ Others *(please specific:_____)*		

PART B – Information of Applicant

Name			
Contact No.	Tel:	Fax:	Email:
Type of Participation	Passive	☐ Audience ☐ Interactive/Hands on Workshop Participant ☐ Observer	
	Active	☐ Speaker ☐ Chair *(pls submit with written documents i.e. summary content or collection/analysis of data)* ☐ Workshop Demonstrator/ Moderator *(pls submit with written documents i.e. summary content or collection/analysis of data)*	
	☐ Others *(please specific:)*		
Participation in *(pls circle appropriate)*	Full Program / Selected Program	Total Hour(s) of Participation* *(see Note 3)*	Hour(s): Mins:

Notes:

1. *Please enclose with this application the certificate of attendance, Preliminary/Final Program or any other documents as required. Incompleted application will not be entertained.*
2. *This application must be submitted 2 months before or within 1 month after the event.*
3. *Please provide total hour(s) of participation for the activity. Please note that only presentation/discussion/demonstration time should be counted for CME/CPD purpose; 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 CME/CPD Committee, 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 hkcos@hkcos.org.hk].*

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To: Applicant

CME/CPD Accredited for the Applied Activity

☐ Your application is successful. You shall be awarded: Passive _____ Cat _____ point(s);

Active _____ Cat _____ point(s)

☐ Your application is UNSUCCESSFUL.

_____ _____

For CME/CPD Committee, HKCOS Date

(Version Jun 2011)