

**The Hong Kong College of Orthopaedic Surgeons  
Application for CME/CPD Active Accreditation  
Quality Assurance / Medical Audit Meetings  
(for HKCOS Fellows ONLY)**

Ref. No. <b>CA</b> <span style="float: right; font-size: small;">(for College use Only)</span>	
<b>Type of Meeting</b>	<input type="checkbox"/> Clinical/Surgical Review and Audit Meeting <input type="checkbox"/> Mortality and Morbidity Meeting <input type="checkbox"/> Discharge Meeting <input type="checkbox"/> Pre-operative Meeting <input type="checkbox"/> Peer Review of Clinical Practice <input type="checkbox"/> X-ray Meeting <input type="checkbox"/> Mini-CPC <input type="checkbox"/> Others (pls specific: _____ )
<b>Name of Organization(s)</b>	
<b>Date</b>	
<b>Venue</b>	
<b>Time</b>	<b>Start at:</b> _____ <b>End at:</b> _____ <b>Duration:</b> _____ <b>hrs</b>
<b>Name of Applicant</b>	
<b>Contact No.</b>	<b>Tel:</b> _____ <b>Fax:</b> _____
<b>Email Address:</b>	
<b>Signature</b>	<b>Date of Application</b>

**Notes:**

1. Please enclose with this application the meeting report and attendance record sheet. Incompleted application will not be entertained.
2. This application must be submitted within **One MONTH** after the meeting.
3. 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 [hkcoss@hkcoss.org.hk](mailto:hkcoss@hkcoss.org.hk)].**



To: Applicant

## CME/CPD Accredited for the Applied Meeting

- The above meeting would be awarded **Active** \_\_\_\_\_ Cat \_\_\_\_\_ point(s).
- No credit point would be awarded for the above application.

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For CME/CPD Committee

\_\_\_\_\_

Date

*This Reporting Form should be completed and submitted together with the Application Form for accreditation of CME/CPD.*

**Reporting Form**  
**for Quality Assurance and Medical Audit Meetings**

<b>Hospital / Organization</b>		<b>Date or Month/Year</b>	
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<b>Sex/Age</b>	
<b>Primary Diagnosis</b>	
<b>Secondary Diagnosis</b>	
<b>Procedures</b>	
<b>Complications</b>	
<b>Cause of Death</b>	
<b>Contributing Causes of Death</b>	
<b>Postmortem Results</b>	
<b>Lessons to Learn</b>	
<b>Recommendations</b>	

**Others:**

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