

**Application for CME/CPD Accreditation
Report of Quality Assurance / Medical Audit Meetings**
(for HKCOS Fellows ONLY)

		Ref. No. (for College use Only)	
Type of Meeting		(Tick the appropriate box)	
<input type="checkbox"/> Mortality and Morbidity		<input type="checkbox"/> X-ray Meeting	
<input type="checkbox"/> Clinical Review and Audit		<input type="checkbox"/> Others	
<input type="checkbox"/> Peer Review of Clinical Practice		(Specific : _____)	
Name of Organization(s)			
Date		Venue	
Time	Start from: _____	End at: _____	Duration: _____ hr(s)
Report on the Meeting (please use the designated reporting form)			
Attendance Record (please download the updated HKCOS Fellows attendance record sheet from the College website http://www.hkcos.org.hk/Forms.asp and return with this application)			
Name of Applicant			
Tel No.		Fax No.	
Email			

Fellow's Signature

Date of Reporting

Please read the Notes carefully before submitting this form. 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 hkcos@hkcos.org.hk].

- Notes**
1. Applications must be submitted within **ONE MONTH** after the activity. Late return may not be entertained subject to individual consideration. Applications received will be acknowledged receipt within one week.
 2. Please use the designated reporting form and return with this application.



To: Applicant

Reply for CME/CPD Accreditation Result

- The above activity would be awarded _____ Cat _____ credit point(s).
- No credit point would be awarded for the above activity.

For CME/CPD Committee

Date

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

Reporting Form

**for Mortality and Morbidity / Clinical Review and Audit / X-ray /
Peer Review of Clinical Practice / Other Quality Assurance and Medical Audit Meetings**

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