**The Hong Kong College of Orthopaedic Surgeons Application for 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 * Observer | | |
| Active | * Speaker (hour(s): Mins: ) * Chairperson\* (hour(s): Mins: ) * Workshop Demonstrator\*/ Moderator\* (hour(s): Mins: ) * Interactive/Hands on Workshop Participant (hour(s): Mins: )   *(\*pls submit with written documents/reports 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***](mailto: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**.

|  |  |  |
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| For CME/CPD Committee, HKCOS |  | Date |

(Version Aug 2021)