## 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

Tel:	Fax:		Email:			
Passive	□ Audience □ Observer					
Active	□ Interactive/Hands on	Workshop Participant	(hour(s): (hour(s):	Mins: Mins:	) ) )	
□ Others (please specific: )						
Full Program / Selected Program		Total Hour(s) Participation <sup>*</sup> (see No	of te 3) Hour(s):	Mins:		
	Passive Active	Passive       Audience         Observer       Observer         Speaker       Chairperson*         Chairperson*       Interactive/Hands on (*pls submit with written door)         Others (please specific:       Interactive Plane specific:	Passive       Audience         Observer       Observer         Chairperson*       Chairperson*         Active       Workshop Demonstrator*/ Moderator*         Interactive/Hands on Workshop Participant (*pls submit with written documents/reports i.e. summa         Others (please specific:         Full Program / Selected Program	Passive       Audience         Observer       Observer         Image: Speaker       (hour(s):         Chairperson*       (hour(s):         Image: Observer       Observer         Active       Image: Observer         Image: Observer       Observer         Image: Observer       (hour(s):         Image: Observer<	Passive       Audience         Observer       Observer         Image: Speaker       (hour(s):       Mins:         Chairperson*       (hour(s):       Mins:         Image: Observer       Observer       Mins:         Image: Active       Image: Observer       Mins:         Image: Observer       Observer       Mins:         Image: Observer       Image: Observer       Image: Observer<	

<u>Notes:</u>

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.

 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].

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**.

Date